



City of Springfield employees are responsible for making their own parking arrangements when no free parking is available at their work location. Parking in the following locations can be processed by the City as a pre-tax payroll deduction; I91 North & South Garages, Civic Center Garage and Columbus Garage. Contact Springfield Parking Authority (SPA) at 787-6118 to make arrangements. Forms can be obtained by contacting SPA or City Hall Benefits Department located in room 018 (or download the attached forms: *Monthly Parking Agreement form to SPA, Pre-tax Parking Program Application to Sabin Fallon, Benefits Department, City Hall*)

Please note: authorization for payroll deduction must be given prior to the first day of the month parking begins in order for the City to begin payment. Contact Sabin Fallon at 787-6058 for payroll deduction authorization information. General questions, please contact the benefits department at 787-6055.



Easy in. Easy out.
413.787.6118 www.parkspa.com

Springfield Parking Authority (SPA)

150 Bridge Street
Springfield, MA 01103-1417

Ph (413) 787-6118 Fax (413) 787-6165

MONTHLY PARKING AGREEMENT

| |
|--------------------|
| Location |
| Key Card # |
| Key Card Charge \$ |
| Monthly Rate \$ |

- Employer Pays Individual Pays
 Parker Update Vehicle Update

CITY OF SPRINGFIELD
Personnel Department Rm 018
36 Court Street
Springfield, MA 01103

80

Date: _____

Name of Parker: _____

Name of Company: _____ Company Address: _____

Billing Address: _____

City State ZIP: _____

Work Phone: _____ Home/Cell: _____

PRIMARY VEHICLE:

| | | | | | |
|-------|--|-------|--|-------|--|
| PLATE | | MAKE | | MODEL | |
| COLOR | | STATE | | YEAR | |

ADDITIONAL VEHICLES (if any):

| | | | | | |
|-------|--|-------|--|-------|--|
| PLATE | | MAKE | | MODEL | |
| COLOR | | STATE | | YEAR | |

I UNDERSTAND THAT:

- If I am a keycard or hangtag holder, I understand that I must pay for the initial keycard and I understand that I must pay for any lost or stolen keycard or hangtag. These replacement costs or fees are subject to change.
- If I pay by check, and it is returned for any reason, I must pay the returned check fee.
- Month to month payments are due by the first business day of each month. After the fifth business day, a \$5.00 late fee will be charged. Any partial use of monthly parking privileges makes the holder liable for fees for the entire month. Cancellation of parking privileges is the responsibility of the monthly parker. Any and all payments are non-refundable.
- Monthly parking is only to be used Monday through Friday 7:00 AM to 6:00 PM, excludes legal holidays and is non-transferable.
- Hangtags must be displayed at all times when the vehicle is at the facility. Monthly parking is non-transferable.
- This agreement is not a lease, and no bailment is created between the holder of a keycard or a hangtag and the Springfield Parking Authority, or its agents or employees, with respect to the holder's motor vehicle or any personal property contained in the vehicle. This agreement grants the holder a personal license to park a motor vehicle at this facility, at the holder's own risk and in accordance with the terms of this agreement. The license granted shall not be assigned by the holder.
- The Springfield Parking Authority, its agents and employees, are not responsible for any loss or damage to any motor vehicle, or its contents, by fire, theft, collision or any other cause, or for anything contained in any vehicle. It is the holder's responsibility to remove all items of value from the vehicle. The holder hereby releases the Springfield Parking Authority, and its agents and employees from any and all responsibility in connection with the holder, the holder's motor vehicle and the holder's other personal property. In the event that the holder suffers any loss to person or property, the holder shall look solely to his or her insurance coverage, if any, and shall make no claim whatsoever against the Springfield Parking Authority.

By signing this document, I acknowledge I have read and fully understand all conditions set forth above and I am aware of and understand the Springfield Parking Authority Rules Governing Use of Parking Facilities.

Signature of Parker _____ Date _____

Email Address: _____

For Office Use Only:

| | |
|---------------|-------|
| Completed By: | Date: |
| Comments: | |



PRETAX PARKING PROGRAM APPLICATION

Employee name: _____

Department: _____ Work Phone: _____

Employee ID (or social security number): _____

Parking Garage: _____

Monthly Cost: _____ Beginning Month: _____

I request to have the above amount deducted from my pay, on a pretax basis. I understand that the amount will be transferred to the Springfield Parking Authority as payment for my parking fee.

Employee Signature _____ Date _____

- Return this form to the benefits office (room 018) in City Hall prior to the first day of the beginning month (employee is responsible for any partial month payment prior to the beginning month as well as any key card fee assessed).
- Form can be faxed to 787-6010 Attn: Sabin Fallon