PRETAX PARKING PROGRAM APPLICATION

Employee name:

Department: Work Phone:

Employee ID (or social security number):

Parking Garage:

Monthly Cost: Beginning Month:

Plate Number: State:

Vehicle Make: Color:

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 also be emailed to benefits@springfieldcityhall.com