



BAINBRIDGE ISLAND DOWNTOWN PARKING PROGRAM

EMPLOYEE PARTICIPATION FORM

Participation Period (check one): May – October, _____ November – April, _____

My signature below indicates that I have received, read, and understand, the rules and regulations of the Downtown Employee Parking (DEP) Permit program, and I have reviewed and understand the map page, which designates the employee parking areas available to me as part of the program.

Employer

Signature: _____ Date: _____

Printed Name: _____

Business Name: _____

Business Address: _____

Employee

Signature: _____ Date: _____

Printed Name: _____

Permit # _____

Make, Color, License Plate Number of Vehicle: _____

Office Use Only

Process Date: _____ Check #: _____ Cash: _____

Master List: _____ Employee #: _____ Business #: _____