



BAINBRIDGE ISLAND DOWNTOWN PARKING PROGRAM

EMPLOYER PARTICIPATION FORM

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

The undersigned is the owner of: _____
(Business Name)

Located at: _____
(Physical Business Address)

I agree to be responsible for administration of the parking permit program for the above-noted downtown Winslow business location. In that capacity I will:

- A) Comply with employee parking regulations and post them at my business location, along with the map showing the location of designated parking;
- B) Guarantee that each person being issued a permit has received, read, and signed a copy of the employee parking regulations, inform permit holders of any changes in the regulations, and provide them with a copy of the map page; and
- C) Maintain and supply to the Bainbridge Island Police Department (BIPD) a current, accurate record of the persons to whom Parking Permits are assigned and notify the BIPD of any separation of participating employees or the transfer of any permits.
- D)

Signature

Date

Employer Printed Name

Phone Number

Email Address*

City Business License #

Business Mailing Address (if different from above):

* The parking program runs in six-month increments. The email address you provide will only be used by the BIPD to send new participation forms to you when a renewal period is approaching. If you do not provide an email address, we will deliver the information to you in-person or by mail.