



WH MUNICIPAL PARKING

Town of West Hartford, 17 Isham Road, West Hartford, CT 06107

Ph: 860.561.8220. E: whmp@westhartfordct.gov. <http://www.westhartfordct.gov>

Workforce Parking Program – Prepaid by Usage Parking Access Agreement

Applicant's Name:	Business Name:	Business Phone:
Email:	Business Address:	

TERMS & CONDITIONS AND CERTIFICATION

- WF Account Information:** The account may be initiated by the employer to sponsor 1 or more employee at a prepayment rate of \$60 per employee and a minimum balance rate of \$3 per employee. When the account reaches a minimum balance, it will be renewed automatically for another prepayment installment. The account is not for reserved parking. Parking is available at Isham and Memorial garages, on a first come first serve basis.

# WF Permits:	Prepayment Fee:	Minimum Balance:
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- Workforce Rate:** The parking fee is a flat rate of \$3 per visit for a maximum stay of 8 hours with 1 hour grace period. WF parking is available at Isham and Memorial garages on level 3 or higher. Qualified candidates must be in the service Industry: Retail and Restaurant sectors and earn a wage rate of \$25/hour or less. Participating employees are issued individual password protected account to validate his/her own parking by registering the employee's license plate for authorization to park in Town's garage. Each time an employee validates his/her parking under the WF program, \$3 would be deducted from the employer's account.

The program also offers a 2nd option of \$4.50 for 12 hours parking with 1 hour grace period. All other conditions apply respectively. The employer may choose either rate option or both when apply for the Workforce Parking Program.

Employer shall commit to a minimum monthly fee of \$50 in validated transactions to keep the account active.

- Payment Type:** Payments will be made automatically when the account reaches at or below the minimum balance. Payments will be done via Master Card or VISA. The employer, the sponsor of the account, is obligated to provide updated information about the credit card in use.

Name on Card:	Billing Zip Code:
CC#:	Expiration Date:
	Security Code:

- Closing Account:** The sponsor of the account is responsible to inform WH Municipal Parking of any changes regarding the status of the account and the participating employees as turnover occurs. There is no pro-ration or refund, once payment is made. To close an account, the sponsor would start with a request for the automatic payment renewal process to be suspended. The account will remain active until its balance is completely used up.
- Liability:** Those who participate in the Workforce parking program agree that neither the Town of West Hartford nor the West Hartford Center Special Services are responsible for any damage to the user's vehicle unless caused directly through their negligence. The Town and the West Hartford Center Special Services are not responsible for the loss of any personal property left on, in or about the user's vehicle regardless of cause.
- Termination:** The Town reserves the rights to terminate the agreement at any time in the event the sponsor or participants violating the terms and conditions. In the event of a termination, any balance left on the account would be refunded to the sponsor. The Town may refuse to re-enter into another agreement with a party whose prior contract has been terminated due to breach of terms and conditions.
- I hereby confirm that I have read this application, and agree with the terms and conditions set forth. Sponsor authorizes pre-payments and other fees as applicable and certifies that all information provided is true and accurate.

Signature of Applicant

Date

Signature of Town's Representative

Date

