

MERCY GENERAL HOSPITAL PHYSICIAN PARKING AGREEMENT

Name _____
Print

REMOTE # _____

Practice Name _____
Print

Office Address _____
Print

I hereby accept the parking remote/clicker identified above.

I understand that my remote is for my personal use only and will not be shared with others.

I understand that if I park in an unauthorized parking space that my vehicle could be ticketed.

I agree not to park in any reserved space assigned to another staff member or visitors.

I agree to return my remote to the Parking Management office upon terminating my account, termination of employment or upon transferring to another facility.

I agree to pay \$60.00 in the event I lose or misplace my remote.

Car Make	Car Model	License Plate No.	Primary Vehicle
----------	-----------	-------------------	-----------------

Car Make	Car Model	License Plate No.	Alternate Vehicle
----------	-----------	-------------------	-------------------

Physician Signature

Date

Mercy General Hospital Parking Staff

Date