

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