AAA PARKING
We're At Your Service.
80 Jesse Hill Jr. Drive, SE
Atlanta, GA 30303
404-616-3769 (p); 404-616-6832 (f)
www.aaaparking.com

NEW CONTRACT ☐ **UPDATE CONTRACT** ☐ **AGENCY** ☐

MONTHLY PARKING CONTRACT
- GRADY HEALTH SYSTEM -

CUSTOMER INFORMATION

Name: _____ Title: _____

Employer / Department Name/#: _____

Employer Address: _____ Home Address: _____

Suite/Unit/Apt #: _____ Unit/Apt #: _____

City / State / Zip: _____ City / State / Zip: _____

Home Phone: _____ Business Phone/ext.: _____ Cell Phone: _____

Shift: First ☐ Second ☐ Third ☐ Flex ☐ Hours - _____

Current Card Number: _____

CURRENT LOCATION / PAYMENT INFORMATION

(Please only check the box that reflects how you are currently paying for monthly parking)

Butler Deck ☐ ☐ **Piedmont Deck** ☐ **MLK Lot** ☐ **United Way Deck** ☐ **DDU Lot** ☐
Level 1-2 3-4

Please select form of payment: (Please check only one box)

Grady Payroll Deduction: ☐ Emory Payroll Deduction: ☐ Morehouse Payroll Deduction: ☐

Employee ID# ***(for payroll deduction)***: _____ ***(agency/contractors please provide last four of SS#)***

Monthly payment made by you: ☐ ***(i.e., paid in office, online or via mail)***

Employer/Dept. Paid Account (Vendors): ☐ Company/Dept. Acct#: _____

VEHICLE INFORMATION

Vehicle #1 Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

Vehicle #2 Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

AUTHORIZATION

Applicant's Signature: _____ Date: _____

AAA Parking Employee Accepting Contract: _____ Date: _____

AAA PARKING USE ONLY

Card #: _____ Raved Space #: _____ Deposit: _____ Monthly Rate: _____ Off. Date: _____

(OVER)

PLEASE READ AND SIGN

I hereby make application for parking under the Fulton-Dekalb Hospital Authority d/b/a Grady Health System Parking Program. I understand that I am to make a deposit of $10.00 for a parking card. **I understand that this card is not transferable**. Should my employment or affiliation with FDHA cease or I wish to cancel my parking agreement, I will return the card to the Parking Office for a voucher and the Grady Business Office will refund the deposit.

I understand the parking charges will continue to accrue until I return said parking card and I agree to pay said charges until such time as the parking card is returned.

I also understand that if for any reason I am on a leave of absence, I am responsible for canceling my parking deductions in writing and returning the card.

I understand that if I lose my parking card, I am to report it to the Parking Office IMMEDIATELY! A deposit of $10.00 will be required for a replacement card.

I understand that the Fulton-Decal Hospital Authority, Grady Health Systems, its trustees, employees and agents are not liable for any personal injuries, property damage, theft, collision or any other liability that may beset either myself, the car I park, or its contents.

By signing this agreement, I acknowledge and agree to conform to all the rules and regulations for parkers in the deck or lot to which I am assigned. My violation of any of the rules and regulations will subject me to the loss of my parking privileges and/or other actions described below.

Rules, which are considered critical rules, including, but not limited to the following:

- All parking is provided for daily parking only. No vehicle shall be left parked in a space in a deck or lot for a period in excess of forty-eight (48) hours without permission from the Director of Parking in writing.
- All vehicles must be parked in designated parking spaces.
- No vehicle is allowed to park in traffic lanes, use two spaces. (Parking over the lines) nor block entrance lanes
- All vehicles parked in a designated handicap space must display an appropriate handicap placard or seal.

Upon observation of a violation of a Critical Rule, the Public Safety Officer will issue a written warning.

Upon observation of a second violation of a Critical Rule, the Public Safety Officer will issue a parking violation and record vehicle information.

Upon observation of a third violation of a Critical Rule, employees loose parking privileges at any Grady parking facility for **six months.**

Any parker who accumulates five (5) parking violation notices for any reason in a twelve month period will lose permission to park at any Authority Parking facility for **twelve months.**

I acknowledge that I have read and agree to the above.

Applicant's Signature: _____ Date: _____