



Name: _____ Phone: _____

Home Address: _____ Email: _____

City: _____ Employer: _____

State/Zip: _____ Work Phone: _____

Vehicle Make/Color: _____ License Plate: _____

To be completed by employer (Payroll check stub required)

Please Check One:

- Employee earns less than \$1345.00 per month (copy of most recent pay stub required)
- Intern (paid or unpaid, company verification letter required including hours worked/week)
- Volunteer (company verification letter required including hours worked/week)

Average Number of hours worked/week: _____ Monthly Income: _____

I certify that my company or I currently employ the above listed person and that he/she is eligible for the low wage employee parking permit.

Print Name: _____ Date: _____

Signature: _____ Company: _____

Terms and Conditions

1. I am an employee working in the City of La Crosse Downtown Parking District. (Map boundaries on page 2 and can be found at <https://www.cityoflacrosse.org/your-government/departments/police-parking/parking>)
2. I work/intern/volunteer at least 20 hours a week at the above listed company
3. I make below 60% of median income for La Crosse County based on United States Department of Housing and Development published income guidelines. **Effective 07/01/20 the wage limit is \$1,345.00/month**
4. I do not have any outstanding parking citations with the City of La Crosse.
5. I understand that this permit only allows me to park in the designated areas on the very upper level of any ramp.
6. I agree not to abuse the employee parking program by falsifying information on my application
7. I will notify Police Parking Utility of any changes to my account including change of employer, hours, pay rate, and vehicle information
8. I agree to submit payment each month for permit. Monthly fee is due in advance, by the 26th of the month in which the permit expires.
9. I understand that permit may not be used for long-term storage of personal vehicles or company vehicles. Vehicles left over seventy-two (72) hours are subject to being towed away.

I understand and agree to abide by the terms and conditions of the Downtown Employee Parking Program and Parking Garage Permit. Failure to do so will result in permanent cancellation of all program privileges.

Participant Signature: _____ Date: _____

