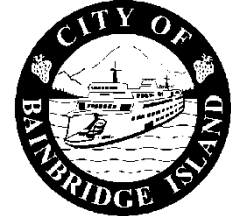


BAINBRIDGE ISLAND DOWNTOWN EMPLOYEE PARKING PROGRAM EMPLOYER PARTICIPATION FORM



MAY 1, 2011 through OCTOBER 31, 2011



The undersigned is the owner of _____

Located at _____

I agree to be responsible for administration of the parking permit program for the above-noted business location.

In that capacity I will:

- A) Post and abide by the rules
- B) Sign each employee's application form to verify participation
- C) Inform permit holders of any changes in rules
- D) Notify the Bainbridge Island Police Department of terminated employees' names
- E) Take all reasonable measures to have participating employees park in parking program designated areas when they are working at the business location listed above

Signed: _____ Phone: _____

Printed Name: _____ Fax: _____

City Business License # _____ E-Mail: _____

Mailing Address: _____