

SMITH COUNTY EMPLOYEE PARKING AGREEMENT

Name _____
Print

TAG # _____

Department _____
Print

I hereby accept the parking tag numbered above.

I acknowledge that I have received a copy of Smith County Parking Policy and Rules.

I agree to abide by these rules as they apply to me.

I agree not to park in any reserved space assigned another employee.

I understand that my car may be towed if I park in an unauthorized space or lot.

I understand that towing costs for my vehicle (if parked improperly in an unauthorized space or lot) are my responsibility.

I agree to pay \$5.00 to Smith County for a replacement tag if I lose my tag, or render it unusable.

I agree to return my tag to the Personnel Department upon termination of employment or upon transfer to another department.

I agree to pay \$5.00 by payroll deduction from my final paycheck if I fail to return my tag to Personnel prior to preparation of my final check if I terminate my employment.

I understand that my parking tag is only valid for designated county parking lots and does not apply to public, metered parking spaces.

Car Make	Car Model	License Plate No.	Alternate Vehicle
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Employee Signature

Date

Department Head/Elected Official/Witness

Date