



**Anchorage Community Development Authority**  
**Parking Services Department**  
 700 West 6th Ave, Suite 206  
 Anchorage, AK 99501  
 (907) 276-**PARK**; Fax (907) 279-5073  
 www.acda.net

**PARKING AGREEMENT**

**Check One:** 5<sup>th</sup> Avenue Garage \_\_\_\_\_ 6<sup>th</sup> Avenue Garage \_\_\_\_\_ Area \_\_\_\_\_ Lot # \_\_\_\_\_  
 7<sup>th</sup> Avenue Garage \_\_\_\_\_ JC Penney Garage \_\_\_\_\_

I agree to display such identification permits as may be required by ACDA.

I agree to have only one vehicle per card/permit parked at any one time.

I understand that storing a vehicle on ACDA premises is prohibited and vehicles observed as parked and unmoved for beyond three (3) calendar days are subject to tow at registered owner expense.

I agree to pay a refundable deposit for my garage parking permit, which will be refunded, in full, within thirty (30) days of return of permit to ACDA:

\$20.00	Garage Card
\$40.00	Easy Pass

I agree to pay a \$5.00 replacement fee for a lost hang tag permit.

I agree to pay the current monthly rate for the applicable location. Garage and Easy Pass card payments shall be made by the first business day of the month, or the card will be deactivated.

I understand there will be no refunds to customers parking under this program after the first business day of the month. Any refunds prior to the first business day of the month are subject to a \$10.00 administrative fee.

I understand that ACDA shall not be responsible for damage to or losses from my vehicle or its contents.

I acknowledge receipt of the parking agreement.

\_\_\_\_\_  
 Printed Name (First, Middle, Last)

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Home Mailing Address

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

<b>Office Use Only</b>	
Permit Number _____	
Flex _____ S/N _____ Excel _____ Autopay _____	
Customer UID _____	