NON-SWEDISH EMPLOYEE PARKING APPLICATION				
Please check o	ne of the following:	W DUPDATE CANCEL	Effective Date:	
APPLICATION INFORMATION				
Name: Photo ID Badge #:				
Company/Department:			Position:	
Billing/Home Address:			City, State, Zip:	
Home/Cell Phone #:			Start Date:	
Email Address:			End Date:	
Please mark the appropriate boxes below:				
riease mark the		Cherry Hill – 15 th Ave. Garage	First Hill - Broadway Garago	First Hill - Minor Ave. Garage
Contract/Tra		(Lot #3381)	First Hill - Broadway Garage (Lot #3380)	(Lot #3382)
Vendor	🗆 Day - \$65	🗆 Day - \$125**	Night - \$25	□ Day - \$125**
Resident	Evening – \$40	🗆 Evening - \$65		Evening - \$65
Student	Night - \$25	Night - \$25		Night - \$25
☐ Fellow	_	□ Daily - \$12/Day (16th Av	A	Daily - \$12/Day Weekdays
		Garage)	e	□ Daily - \$5/Day Weekends
Shift		<i><i>o</i>,</i>		Daily - 43/Day Weekends
Start Time:		E	I need multi campus access	Need Issaquah Decal?:
End Time:			(FH, CH and Ballard)	Yes / No / Unsure
**Eligibility: Managers (and above), medical residents, students, and fellows are the only ones eligible for Day shift monthly parking at First Hill and Cherry Hill. No requirements for monthly parking at Ballard. All the prices and eligibility requirements mentioned above are subject to change.				
PARKING REQUEST REQUIREMENTS				
Please follow the steps in order to request for parking access. 1) Complete this application form and fax to (206) 233-7482 or email us a PDF copy to CaregiverCommute@Swedish.org				
 2) For Monthly Parking: complete online registration at https://space.aceparking.com/ to sign up for your monthly billing. 				
 a) Select "Monthly" and then click "Connect Monthly". Enter all information and click "Request Parking" - Once your request has been fulfilled, you will receive an email from space@aceparking.com with further instructions. 				
b) You will be notified via e-mail when your photo ID Badge is activated, which garage you are assigned to, and how to enter/exit the garage.				
c) IMPORTANT NOTE: When signing up for monthly parking through ACE Parking, note that you are creating a "private" account with				
ACE Parking. At the end of your contract, you are solely responsible for canceling to stop automatic payments for this account. We				
do not offer refunds for continued payments of individuals who do not cancel their account.				
3) For Daily Parking at FH/CH : We are able to provide pre-paid parking and take payments over the phone at 206-386-2235 or in person at 1124 Columbia, Suite 210, Seattle WA 98104. Office hours are M-F, 7:30AM to 4:00PM, closed on weekends and holidays.				
 a) At FH: You badge ID will be activated with prepaid parking days at the Minor Ave Garage (please see rates above). b) At CH: You can purchase parking validations for \$12/day for the CH 16th Ave Garage. 				
VEHICLE INFORMATION				
Color:	Make:			Plate #:
Color:	Make:	Model:	License F	Plate #:
TERMS & CONDITION				
An ACE Parking monthly parking permit and Swedish Pre-Paid Parking grants the signee the privilege to park and lock one (1) vehicle in a designated parking area at the user's sole risk. The facility owner and manager do not have any responsibility for the vehicle or its contents. Valuables should not be left in the vehicle and the vehicle should be locked at all times. Monthly Parking fees are invoiced and charged directly by ACE Parking and may not be prorated. Caregivers who have purchased pre-paid parking have thirty (30) days from time of purchase to request for a refund for days not used. All contract/travelers are responsible for notifying Caregiver Commute of any shift changes, campus changes, and/or any other changes that may affect the parking rate or designated parking area, including canceling monthly billing to <u>Providence-Swedish@aceparking.com</u> upon end of contract dates. Parking privileges may not be transferred or loaned. There is no storing of vehicles at any time, except on assigned shift. If employee forgets badge ID, they are responsible for paying the daily rate to the parking attendant or the after-hours pay machine to exit the garage. Caregiver will not be refunded any part of the payment.				
By signing this, I agree to abide by the Terms and Conditions. Signature: Date:				
Revised on 8/01/2022				