

State Employee Payroll Deduction Parking Contract

***REQUIRED FIELDS**

*Name (Last, First, MI)	Vehicle: (not used for enforcement)
*Employee ID Number (8-Digit State Employee ID)	
*Department	
*Email Address	
*Work Telephone Number ()	* Home/Cell Telephone Number ()
*Work Location Building Name	*Complete Home Address (street, city, state, zip code)

This is a legally binding contract. Read it carefully and have all of your questions answered before you sign.

I have read and agree to abide by the Terms and Conditions:

Contract Holder Signature	Date
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(Shaded areas for FMD use only)

Facility	Tag/Badge #	Stall #	EV Fob	
Account #	AIMS entry	SEMA4 entry	Priority #	First PPE

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****NOTICE OF COLLECTION OF NON-PUBLIC DATA****

Participation in the Department of Administration, Facilities Management Division (FMD) Parking Program is strictly voluntary. You are being asked to supply data concerning yourself that is non-public under the Minnesota Government Data Practices Act M.S. 13.04 and 13.37. This non-public data includes home address, home telephone number, and parking location.

This data is being collected for administration of FMD's parking program to electronically process the application, communicate information and updates to participants, and collect any outstanding obligations.

The non-public data is accessible only to you, the Department of Administration, MN Department of Public Safety, and FMD's collection agency.

Failure to provide this information may cause your application to be rejected, since it cannot be processed.

Your participation in FMD's parking program is governed by the following Terms and Conditions:

- Effective Period.** The contract shall remain in effect until it is either:
 - canceled by contract holder, or
 - suspended or canceled by FMD.

Charges will continue to incur until the contract is canceled.