

Parking Costs Got You Down? Sign up today for the

Employee Affinity Program

Brought to you by:
THE KIA PARKING CENTER
(FORMER FIRESTONE GARAGE)

Sign up for the **Employee Affinity Program** and receive parking credits as other co-workers sign up. It's as simple as this; when you fill out your Parking Application, identify your Affinity Association. Our accounting department will create a batch of all coworkers in your **Employee Affinity Program** that park with us. As that batch grows, each member of the batch will receive the Parking Credits outlined below applied to your account. Grow the batch and grow your monthly discount. Every month we'll notify you by email how many people are in your Affinity Association and what discounts you've earned. You don't necessarily need others to join with you. The credits are as follows:

# Of Members	Monthly Discount
3-6	\$10
7-10	\$15
11-14	\$20
15-20	\$25
21-25	\$30
26 or more	\$35

**Current parking rate: \$150 reserved
\$130 non-reserved**

All Affinity Associations are subject to Owner's approval

**Fill out a parking application now by going to
<http://www.evbc.com/ClevelandParking.htm>**

**For more information, contact Abram Schwarz
aschwarz@evbco.com
216-619-1100**





33 N. Third Street, Columbus, OH 43215
Phone 614-221.4736 Fax 614.221.4739

Date: _____

DOWNTOWN CLEVELAND
12th AVENUE GARAGE
APPLICATION FOR PARKING

Effective Date: _____

Parking Lot Location: 12th Avenue Parking Garage

Each card key requires a \$25.00 refundable deposit.

PERMIT OPTIONS

(Please initial to the left of your option choice)

- _____ Reserved \$150.00 per month
- _____ Non-Reserved \$130.00 per month
- _____ Rooftop Parking \$110.00 per month

If applicable, please apply discount code # _____ to my monthly cost. See www.evbco.com for details.

Please include me in the Affinity Program for _____ (company)

PAYMENT OPTION

_____ EZ Pay Plan (Fill out and send in the attached EZ Pay Plan Form with this Application).

Name: _____

Office Phone #: _____ Home Phone #: _____

E-Mail Address: _____ Employer: _____

Home Address: _____

List all vehicles authorized to occupy parking space. All unauthorized cars shall be towed from the lot:

Make/Model	Color	License #
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1. _____

2. _____

USE OF THIS PARKING LOT IS DONE SO AT THE SOLE RISK OF PARKER. PARKING LOT OWNER/MANAGER IS NOT RESPONSIBLE FOR THEFT, VANDALISM, DAMAGE OR HARM OF ANY KIND TO ANY VEHICLE, PERSON AND/OR ANY PROPERTY LEFT IN THE VEHICLE OR ON THE PREMISES. YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND AGREEMENT OF THIS PARKING CONDITION

Signature _____

Date _____

The above parker acknowledges that any car parked without a authorized parking key card will be towed at their expense. Please forward this Application and EZ Pay Form back to: Joyce Shively, Lease Administrator via Fax #614-221-4739 or e-mail at jshively@evbco.com

