

Location \_\_\_\_\_ Permit No. \_\_\_\_\_

## Monthly Parking Permit Contract

Reading Parking Authority  
613 Franklin Street  
Reading, PA 19602

### When Permits are Valid

- Permits are valid Monday thru Friday 6:30 am to 6:30 pm.
- Vehicles left in the parking garage or lot after 6:30 pm during special event evenings or days will be subject to an event envelope.

### When to Pay

- Permits are sold/renewed on the last three business days of the current month and the first three business days of the subsequent month.
- Permits that are NOT paid by the third business day will have their parking card locked out of the parking system AND an additional \$15 fee will be charged. Once the permit is paid again it may take up to 24 hours to have it reactivated.

### Payment Options

- Mail your payment to our office or place a money order or check in the drop box located at your facility. Please be sure to include the Facility name and Permit number on your check.
- Pay in person at the office. Office hours are Monday thru Friday, 8 am to 4 pm.
- Phone your payment in by calling our office (610)655-6166 during business hours. You may pay by using your credit card (Visa, Mastercard, Discover, and American Express). A \$2 fee does apply per transaction.

### Permit Card Set

- The permit set includes a hanging tag and an access card. A deposit is paid on the card set when purchased. The deposit is refunded when the complete permit set is returned.
- If the hanging tag is broken, bring the pieces to the office and a replacement tag can be made.
- If the access card is not working (and you are sure the permit has been paid) either call the office or let the garage attendant know about the issue. A replacement set will be issued for you.

### Refunds or Credits

- Permits are either sold by full or half month (based on a calendar month). No monthly permits are prorated by day.
- If the permit is returned by the 15<sup>th</sup> day of the month a half month refund may be due. In this case a refund check will be issued.

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Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that I have received a copy of the monthly parking permit contract and it is my responsibility to understand the permit rules and regulations outlined in this document. If any of my personal information shall change it is my sole responsibility to contact the Reading Parking Authority in a timely manner.