

# Legacy Good Samaritan Hospital & Medical Center Community Parking Registration Form

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ Expiration Date: 8-31-\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Car make/model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

Car Type (sedan, SUV, coupe, etc.) \_\_\_\_\_ Color: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Expected parking usage: \_\_\_\_\_  
(once a week, nightly, weekends only, not sure)

Please include a check for \$8.00 with your application, payable to: Neighbors West-Northwest.

We regret the need to charge even this small fee for the program. Legacy Good Samaritan Hospital continues to provide the parking spaces at no cost, as a service to the neighborhood, but sadly, due to budget constraints, Neighbors West-Northwest can no longer afford to absorb the costs of administering the program. These costs include postage and printing for mailings, such as this one, and the staff and computer costs of maintaining the database.

**Note: Please keep a copy of this agreement for yourself.** Should any of this information change, you are responsible for notifying our Security office. (413-7739). Failure to do so may result in your car being towed.

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Under the conditions of this program, I may use only the designated parking lots at Legacy Good Samaritan between the hours of 6:00 p.m. and 7:00 a.m. all days of the week, and all hours of the weekend. (Weekend hours are in effect on official federal holidays). I understand how important it is to move my car before 7:00 a.m. on weekdays due to use by patients, visitors, and employees. I understand that if I park in the lot during any times other than these designated times, a warning notice will be posted on my vehicle. If I continue to use the lot during unauthorized times after receipt of this warning, my vehicle may be towed and impounded at my expense, and I will lose this parking privilege.

I acknowledge that neither Legacy Health System, nor Legacy Good Samaritan Hospital & Medical Center are responsible for any damage, theft, or misuse of my vehicle. I acknowledge that Legacy Good Samaritan is providing this parking as a good neighbor gesture and if the privilege is abused, the right will be revoked.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Staff approving application: \_\_\_\_\_ Date: \_\_\_\_\_