City of Summit
Corporate Code Employer Paid Parking

908.522.5100 parking@cityofsummit.org

Employee Name:	**Company Name:**
Employee Address:	**Company Address:**
Employee Email Address:	**Company Email Address:**
Employee Phone:	**Company Phone:**

Choose from the following Payment Amounts:

☐ **$20** ☐ **$40** ☐ **$80** ☐ **$100**

Office Use:

Date Paid	Check #	Cash $	Credit Card	Received By

Number of Uses to Corporate Account: **Total Paid: _____ ÷$4 = _____**	**Date:**
Corporate Code Assigned:	**Entered by:**

City of Summit
Corporate Code Employer Paid Parking

908.522.5100 parking@cityofsummit.org

Employee Name:	**Company Name:**
Employee Address:	**Company Address:**
Employee Email Address:	**Company Email Address:**
Employee Phone:	**Company Phone:**

Choose from the following Payment Amounts:

☐ **$20** ☐ **$40** ☐ **$80** ☐ **$100**

Office Use:

Date Paid	Check #	Cash $	Credit Card	Received By

Number of Uses to Corporate Account: **Total Paid: _____ ÷$4 = _____**	**Date:**
Corporate Code Assigned:	**Entered By:**