

2017/2018 Parking Permit



Application Form

Date

Department/Program Name ESL DEPARTMENT

Employment Status INTERN / SHINE

Print Name

Last

First

MI

Telephone Number

Work

E-mail address

First Car

Alternate Car

Yr/Make/Body

License Plate Number

(Give state if not California)

.....

I understand that any car parked in the parking lot without either a permanent or a temporary permit will be issued a citation. Also, I will not let a student use my permit to park in a staff parking lot/space.

All employees are responsible for guests in their area and will make sure a temporary permit is issued.

Signature _____

Date _____

CURRENT PERMIT NUMBER (Leave blank if this is the first request)

.....

To be completed by the Administration

Issued By: _____

Parking Permit Number : _____

Issue Date: _____

Received by: _____

Date: _____