

2019 / 2020 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 Type: _____

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) _____

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To be completed by the Administration

Issued By: _____

Parking Permit Number: _____

Issue Date: _____

Received by: _____

Date: _____