



## Employee Parking Pass Request From

Employee Name \_\_\_\_\_

Department Name \_\_\_\_\_

Year, Make & Model of Vehicle(s) \_\_\_\_\_

License Plate Number(s) \_\_\_\_\_

I understand that my parking pass can only be used on and during work hours. \_\_\_\_\_

I understand that this permit is solely for my use and is non-transferable to other people. \_\_\_\_\_

I understand that my permit must be clearly visible on the driver's side windshield. \_\_\_\_\_

I understand that any misuse of my parking privileges can be subject to disciplinary action. \_\_\_\_\_

Signature

Date

Manager / Director \_\_\_\_\_

Employee \_\_\_\_\_