

Parking Services - Application for Parking Permit

To be completed by the parker and the approving Department



Mail Stop # _____

Please type or print clearly in ink.

OFFICE USE ONLY:

NEW PERMIT:

Permit # _____

Date Issued: _____

Issued by: _____

OLD PERMIT:

Old Permit # _____

Removed by _____

Removed date _____

OFFICIAL APPROVAL:

_____ **Approved**

Pursuant to resolution adopted by the County Board of Supervisor and request of the Agency/Department Head, you are authorized to park in designated county employee parking areas.

_____ **Denied**

Request denied for the following reason:

Parking Official Signature:

Title: Supv Parking/Ord Ops Officer

Date: _____

PARKING APP. APPROVAL:

Application approved by:

Name _____ Date _____

Application reviewed by:

Name _____ Date _____

Temporary Permit New Permit Request Replacement

Request

Pending Employee ID # _____

Application for: County Employee Court Employee Department Head WRCOG

Parker Name: _____
Last First MI

Department – County Employee Only: _____

Home Address: _____
Street City State Zip

Contact Information: _____
Cell Phone Work Number

Email: _____

If applicable:

County Employee ID Number: _____ Court Employee ID Number: _____

VEHICLE IDENTIFICATION:

Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____ State: _____

I certify the above information to be true and further understand that this parking permit is to be used by myself and it authorizes parking in designated county employee areas only. I will remove this decal and surrender it to Facilities Management upon selling this vehicle or employment termination. Please refer to Ordinance 626 for restrictions, <http://www.rivcocob.org/ords/600/626.9.pdf>.

I understand it is my responsibility to advise anyone who drives my vehicle to park in employee parking while conducting personal or professional business in the County of Riverside.

Employee Signature: _____ Title: _____ Date: _____

DEPARTMENT INFORMATION:

Department: _____

Supervisor Name: _____ Supervisor Title: _____

Contact Information: _____
Work Phone Cell Phone

I certify the above named individual is employed by this agency or department and authorized a county parking decal in accordance with established county policy.

Supervisor Signature: _____ Date: _____