

# Parking Services - Application for Parking Permit

To be completed by the parker and the approving Department



Please type or print clearly in ink.

Mail Stop # \_\_\_\_\_

## 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  
Pending Employee ID # \_\_\_\_\_

New Permit Request

Replacement Request

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: \_\_\_\_\_