


Staff Processing Date	Top Line For Office Use Only:	Decal #	Permit/Keycard #	Assigned Lot	Expiration Date	Rate
	TEMPORARY PARKING APPLICATION					
Staff Initials	Fill in and print out this form.		FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAYS.			
	 <p>For information, please call (213) 978-1655.</p>		Application Date		ICTS Status Code: For Office Use Only	
Last Name			First Name		M.I.	
Employee ID	Employee ID		Driver's License Number			
	Department Name		Payroll Fund Number	Class Title		
M. I.	Work Shift (4/10, 5/40, 9/80, ect)		Start Time	End Time	Type of Permit (check box)	
	Work Address: Building Name or Street Address		Room Number	Seniority	Disabled	
Management				Elected Official		
First Name	Mail Stop		Work Telephone Number	Mileage	Home Garaged	
				Night	Motorcycle	
Side Line For Office Use Only: Last Name	Continuous Service Date		Groupwise E-mail Address			
	List below the vehicle(s) you will be driving to work.					
Vehicle(s)		Vehicle License Number		Make/Model		Year
Car #1						
Car #2						
Car #3						
Car #4						
Car #5						
Note: You may only receive one transportation benefit. Failure to disclose any of the information below may result in disciplinary action.		YES		NO		
Do you currently receive Transit Subsidy?						
Are you currently a full-time passenger in a City-sponsored Vanpool? If yes, list vanpool #:						Vanpool #
Do you currently possess any other type of parking permit? If yes, please list permit # and type of permit:						Permit # and Type
If you do not currently have an employee parking permit, do you want to be placed on the waiting list for another lot? If yes, please list lot #:						Lot #
I hereby authorize the City of Los Angeles Commute Options & Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be in effect until I 1) RELINQUISH MY PERMIT/KEYCARD AND 2) SUBMIT A NOTICE to stop the deduction. If, at any time, the amount of said fees are changed by the City, COPS is hereby authorized to change the deduction from my salary/wages accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program. I must abide by the Parking Rules issued to me or my parking permit and all parking privileges may be revoked or suspended for a minimum of one year. I understand that I cannot be refunded for more than three months of parking fees.						
Applicant Signature					Date	