

PARKING CARD REQUEST FORM

****This form must be filled out completely before your request for a card can be completed.**

****Replacement Cost for Lost/Stolen Cards: \$5.00 – first time, \$10.00 second time**

Date: _____

Employee's Full Name: _____

New Employee: Yes _____ No _____ **Returning Employee: Yes** _____

Employee Number: _____

Social Security Number: _____

Job Title: _____

Full/Part Time/Temp: _____

Temp Dates From: _____ To: _____

Office Location: _____

Dept./Phone #: _____

Year and Make of Car: _____

License Plate Number: _____

Supervisor's Signature: _____



ASSIGNMENT: _____ RAMP: _____

HANGING TAG #: _____

Signature of Police Dept. Employee: _____ Date: _____

Raider Card - Activated on: _____

Replacement card needed: _____ Reason: _____

Replacing Employee if known _____