

# 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: \_\_\_\_\_

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Replacement card needed: \_\_\_\_\_ Reason: \_\_\_\_\_

Replacing Employee if known \_\_\_\_\_