MOTORCYCLE, SCOOTER, BICYCLE & OVERNIGHT VEHICLE PARKING ACCESS REQUEST FORM

Please complete and submit this form to the Human Resources Department for consideration.		
SELECT ONE: New Enrollment Information	on Change	
SELECT ONE: Overnight Vehicle, South Lot Motorcycle/Scooter Bicycle		
Team Member Information:		
Team Member Name	Team Member ID Number	
Job Title	Department	
Vehicle/Motorcycle/Scooter/Bicycle Information		
Make	Model	
Color	License Plate	
Contact Information		
Cell Phone	Email Address	
Parking Policy Acknowledgement I have read and understand the OvernightTeam Member Parking Policy or Motorcycle, Scooter & Bicycle Parking		
Procedure. I realize that parking is a privilege and is at Fo	_	uest has priority.
Team Member Signature	Date	
Department Approval Authorization		
Department Head Signature	Date	
Department Head Printed Name		
Final Authorization		
☐ Approved ☐ Denied		
Human Resources Representative Signature		Date:
For Internal Use Only		
If Approved:		Initials/Date:
Parking Sticker Number:		
If Denied, Notify Department Head.		Initials/Date: