



# COUNTY OF RIVERSIDE PARKING PERMIT REQUEST DRIVER IDENTIFICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DEPARTMENT NO: 277 DEPARTMENT NAME: \_\_\_\_\_ TAP \_\_\_\_\_

COUNTY EMPLOYEE NO: NEW WORK PHONE NO: 955-9178

## VEHICLE IDENTIFICATION

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE PLATE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

PREVIOUS PERMIT ISSUED: NO \_\_\_ YES \_\_\_ IF YES, PERMIT NO: \_\_\_\_\_

THIS VEHICLE NO: \_\_\_\_\_

## REPLACEMENT DECAL

THIS PERMIT IS TO REPLACE PERMIT NO: \_\_\_\_\_

OLD PERMIT REMOVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER (PLEASE EXPLAIN) \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND FURTHER UNDERSTAND THAT THIS PARKING PERMIT IS TO BE USED BY MYSELF AND AUTHORIZES PARKING IN DESIGNATED COUNTY EMPLOYEES AREAS ONLY. I WILL REMOVE THIS DECAL AND SURRENDER IT TO FACILITIES MANAGEMENT UPON SELLING THIS VEHICLE OR EMPLOYMENT TERMINATION.

_____	_____	_____
<b>EMPLOYEE SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

I CERTIFY THE ABOVE NAME INDIVIDUAL IS EMPLOYED BY THIS AGENCY OR DEPARTMENT AND AUTHORIZED A COUNTY PARKING DECAL IN ACCORDANCE WITH ESTABLISHED COUNTY POLICY.

_____	_____	_____
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

\_\_\_\_\_ PURSUANT TO RESOLUTION ADOPTED BY THE COUNTY BOARD OF SUPERVISORS, AND THE REQUEST OF THE AGENCY/DEPARTMENT HEAD, YOU ARE HEREBY AUTHORIZED TO A PARKING PERMIT TO PARK IN DESIGNATED COUNTY EMPLOYEE PARKING AREAS ONLY.

\_\_\_\_\_ REQUEST DENIED FOR THE FOLLOWING REASON: \_\_\_\_\_

_____	_____
<b>Mark McGinnis</b>	<b>DATE</b>

## FACILITIES MANAGEMENT USE ONLY

PERMIT NO ISSUED: \_\_\_\_\_ DATE: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

**Parking Structure address is 4293 Orange St. Riverside  
Phone #: 951-955-5129**