

Please type or print clearly in ink.

Parking Services - Application for Parking Access



OFFICE USE ONLY:

Customer Account No: _____

Payroll Deduction Start Date: _____

NON RESERVED PARKING:

Access # _____

Access # _____

RESERVED PARKING:

SPACE # _____

SPACE # _____

Motorcycle: _____

BILLING INFORMATION:

Card Fee: Y / N \$ _____

PAYMENT INFO – Circle One:

Check Cash CC *Bill Dept

Check# _____

Date Payment Rec'd _____

Total \$ Rec'd: \$ _____

Receipt # _____

*To bill a department verify an accounting string was provided by the department.

Card Activated: Yes / No

Activated by: _____

Date Activated: _____

Card / Badge (Circle One)

PARKING FORM APPROVAL:

Parking Staff: _____

Name _____ Date _____

Parking Staff Reviewer: _____

Name _____ Date _____

Paris Updated? Yes / No

ACCOUNTING:

Journal# _____ Date _____

\$ _____
Amount Billed

Structure: CAC 12th RC City DA Indio Indio
Law Pub Def.

Application for: County Employee Non-County Employee County Department
 TAP Employee

Name: _____
Last First MI

Home Address: _____
Street City State Zip

Contact Information: _____
Cell Phone Work Number

Email: _____

County Employee ID Number: _____ Department: _____

VEHICLE INFORMATION:

Vehicle 1
License: _____ Year: _____ Make: _____ Model: _____

Vehicle 2
License: _____ Year: _____ Make: _____ Model: _____

Vehicle 3
License: _____ Year: _____ Make: _____ Model: _____

I have been given, read, and accept the rules of the parking structure. A fee/deposit is required for all parking activations and transponders. **The monthly parking fee is valid from the first day of the month only and is due by the third business day of each month to ensure uninterrupted access to the parking structure.**

Signature: _____ Date: _____

COUNTY DEPARTMENT INFORMATION:

Department: _____

Supervisor Name: _____ Supervisor Title: _____

Contact Information: _____
Cell Phone Work Number

Accounting String: _____

Name/Poolcard #	Card Issued	Name/Poolcard #	Card Issued
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the monthly parking access card is to be used by employees for legitimate work reasons only. I have been given, read and accept the rules of the parking structure and I will inform employees of these rules. If the parking access card is damaged or lost, a \$10.00 replacement card fee will be charged.

Supervisor Signature: _____ Date: _____