

# EMPLOYEE PARKING PASS PROGRAM

## Parking Liaison and Authorized Supervisors Designation Form

Each qualified organization must complete and submit this form to the Parking Management Office (PMO) located at 651 World Way South, Trailer #4, Los Angeles, CA 90045.

**PLEASE PRINT OR TYPE CLEARLY**

**Company:** \_\_\_\_\_

### Parking Liaison:

Please list the contact information for the designated Parking Liaison for the company.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
LAST FIRST M.I.  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### Authorized Supervisor(s):

Please list the contact information for the authorized supervisor(s) who will approve Employee Parking Pass applications for the company.

#### Primary Supervisor:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
LAST FIRST M.I.  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#### Secondary Supervisor:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
LAST FIRST M.I.  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PARKING MANAGEMENT OFFICE USE ONLY**

AIRLINE     CONCESSIONAIRE     GOVERNMENT     LAWA     OTHER \_\_\_\_\_

\_\_\_\_\_ DATE