

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 Parking Structure 2A.

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 _____