

Parking Services



LONG BEACH
CITY COLLEGE

LBCC Staff Parking Permit Request Form

This form must be completed & submitted to Cashier's Office, Building A-1081 at LAC or emailed to cashier_office@lbcc.edu

Academic Year

PERMIT NUMBER (for office use only)

1. **EMPLOYEE ID #**

2. **EMPLOYEE NAME**
Please print
(Last) (M.I.) (First)

3. **WORK LOCATION** **CAMPUS**
(Name of department, school, etc.) (LAC, PCC, etc.)

4. **WORK PHONE** **ACADEMIC** **CLASSIFIED** **ASB** **OTHER**

5. **YOUR CAR'S LICENSE NUMBER** **MAKE OF CAR**
(Honda, Ford, etc.)

6. **COLOR AND YEAR OF YOUR CAR**
(Black, 2010, etc.)

7. Parking permits will be distributed in person or via USPS mail. Please indicate your choice below:

Home address:

Mailcode:

I understand that I am entitled to one (1) free parking permit per academic year. If I change cars, I must move my permit to my new car. If the permit should be damaged, I must bring it to LAC Cashier A-1081 for a replacement.

I understand that if I lose my permit for any reason, I must complete a "Request for Replacement Staff Parking Permit" at the LAC Cashier's Office. If my request is approved, I will be issued a replacement. If it is later shown that I have abused my parking permit privileges, I will receive parking citation.

Upon verification of eligible assignments in the HR/Payroll System, your new permit will be issued as per your response in #7 above.

SIGNATURE _____ **DATE** _____ *Empl. Verified*