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PERSONAL RESERVED SPACE APPLICATION

First Name	Last Name	Employee ID
Phone Number	Email	
Department	J	ob Title
Please describe your job responsibilitie	es or other reason necessitating a reserv	ved space:
Do you have access to a Department v	ehicle? <u>No</u> Yes, if yes, please pr	ovide the plate number
DESIRED SPACE LOCATION:		
PREFERRED ENFORCEMENT METHOD		
Enforcement-By-Complaint – s for guest access, employee rec	space not enforced unless permit holder ognition, etc.	calls in. This allows space to be used
cited that do not have designat	e can have up to three license plates link ted valid plates registered. Guest permit ices will generally be enforced 24/7.	•
Employee Signature		(Date)
Please note: Reserved space holders must a	lso purchase and hold appropriate zone pern	nit for reserved space location.

OFFICE USE ONLY	Approved	Denied	Date:
	Space:	Permit #:	<u></u>