

OFFICE OF POLICE AND SECURITY



ACHE PARKING DECAL REQUEST FORM

Personal Information

Full Name: _____
Last First M. I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone #: _____ Cell #: _____ Alternate #: _____

Employee/Student Information

Position: _____ Status: Full-Time Part-Time Temp

Department: _____ Classification: Faculty Staff Student

Building: _____ Room/Office Number: _____

Date of Hire: _____ Orientation Date: _____

Vehicle Information

Make: _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State Issued By: _____

Disclosures

By signing this request, I hereby agree to comply with the ACHE handbook/policy regarding my parking permit and vehicle operation. I verify that the date printed on my permit indicates the date it expires and that it will **NO LONGER** be valid **AFTER** that date. I understand this permit **MUST** be attached to the inside bottom left hand (driver) side of my windshield. I agree to contact the Office of Police and Security immediately, if my parking decal is lost or stolen.

Signature: _____

Date: _____

Please return to the Office of Police and Security, currently located on the 1st floor of the ARCOM Building, Room #137.

FOR OFFICE USE ONLY

Parking Permit #:	
Issuing Officer:	Date: