


| Staff Processing Date   | Top Line For Office Use Only:  | Decal #          | Permit/Keycard #         | Assigned Lot                          | Expiration Date       | Rate              |                        |              |      |             |
|---|--|------------------|--------------------------|---------------------------------------|-----------------------|-------------------|------------------------|--------------|------|-------------|
|   | <h2 style="text-align: center;">HOME-GARAGE PARKING APPLICATION</h2> <p style="text-align: center; color: red; font-weight: bold;">Fill in and print out this form.</p> <p style="text-align: center; font-weight: bold;">FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN DELAYS.</p> |                  |                          |                                       |                       |                   |                        |              |      |             |
| Staff Initials  |  <p><b>For information, please call (213) 978-1655.</b></p>   | Application Date |                          | ICTS Status Code: For Office Use Only |                       |                   |                        |              |      |             |
|   |  | Last Name        |                          | First Name                            |                       | M.I.              |                        |              |      |             |
|   |  | Employee ID      |                          | Serial # (Police/Fire Only)           | Driver's License #    |                   |                        |              |      |             |
| Employee ID   | Department Name  |                  | Payroll Fund Number      | Class Title                           |                       |                   |                        |              |      |             |
|   | Work Address: Building Name or Street Address  |                  |                          |                                       | Room Number           | Mail Stop         |                        |              |      |             |
|   | Work Shift (4/10, 5/40, 9/80, ect)   |                  | Start Time               | End Time                              | Work Telephone Number |                   |                        |              |      |             |
|   | Continuous Service Date  |                  | Groupwise E-mail Address |                                       |                       |                   |                        |              |      |             |
| M. I.   | <p><i>List Below The Vehicle You Will Be Driving To Work.</i></p> <table border="1" style="width: 100%;"> <tr> <td>Vehicle License Number</td> <td>Make &amp; Model</td> <td>Year</td> <td>Shop Number</td> </tr> </table>   |                  |                          |                                       |                       |                   | Vehicle License Number | Make & Model | Year | Shop Number |
|   | Vehicle License Number   | Make & Model     | Year                     | Shop Number                           |                       |                   |                        |              |      |             |
| First Name  | <b>*LAPD Only</b>  |                  |                          |                                       |                       |                   |                        |              |      |             |
|   | *Do You Live Inside Los Angeles County?      Yes_____      No_____   |                  |                          |                                       |                       |                   |                        |              |      |             |
|   | *If No, What County Do You Live In? _____  |                  |                          |                                       |                       |                   |                        |              |      |             |
| *For This Application To Be Approved A Completed Home-Garaging Employee Authorization Form Must Be Attached.  |  |                  |                          |                                       |                       |                   |                        |              |      |             |
| Side Line For Office Use Only: Last Name  |  |                  | <b>YES</b>               |                                       |                       | <b>NO</b>         |                        |              |      |             |
|   | Do you currently receive Transit Subsidy?  |                  |                          |                                       |                       | Vanpool #         |                        |              |      |             |
|   | Are you currently a full-time passenger in a City-sponsored Vanpool? If yes, list vanpool #:   |                  |                          |                                       |                       | Permit # and Type |                        |              |      |             |
|   | Do you currently possess any other type of parking permit? If yes, please list permit # and type of permit:  |                  |                          |                                       |                       | Lot #             |                        |              |      |             |
|   | If you do not currently have an employee parking permit, do you want to be placed on the waiting list for another lot? If yes, please list lot #:  |                  |                          |                                       |                       |                   |                        |              |      |             |
| <p>I hereby authorize the City of Los Angeles Commute Options &amp; Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be in effect until I 1) RELINQUISH MY PERMIT/KEYCARD AND 2) SUBMIT A NOTICE to stop the deduction. If, at any time, the amount of said fees are changed by the City, COPS is hereby authorized to change the deduction from my salary/wages accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program. I must abide by the Parking Rules issued to me or my parking permit and all parking privileges may be revoked or suspended for a minimum of one year. I understand that I cannot be refunded for more than three months of parking fees.</p> |  |                  |                          |                                       |                       |                   |                        |              |      |             |
| Applicant Signature   |  |                  |                          |                                       | Date                  |                   |                        |              |      |             |