



Individual Permit Confirmation Form

Permit Year _____

Fill in and print out this form. Submit this form with your original signature.

ICTS Status Code _____

(Please print)

Last Name	First Name	M.I.	Employee ID
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I have received a copy of the Individual Parking Rules issued by the Commute Options and Parking Section (COPS) and understand that I must abide by these rules. My parking permit/keycard and all parking privileges may be revoked or suspended for a minimum of one year if I fail to follow these rules, or fail to inform COPS of any of the following changes:

- a. **Work Location (includes transfer to DWP)**
- b. **Work Schedule or Telephone Number**
- c. **Employment Status: Leaves of Absence (e.g. personal, family, maternity or IOD)**
- d. **Vehicle(s) added or deleted and License Plate(s) or Number(s)**

Note: Changes may require the permit/keycard to be returned to COPS.

I hereby authorize the City of Los Angeles Commute Options & 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 understand that I cannot be refunded for more than three months of parking fees.

Signature _____ Date _____

For Office Use Only

PERMIT/KEYCARD# _____ DECAL# _____ LOT# _____ EXPIRES _____

COPS/PARKING COORDINATOR INITIALS _____

please complete the reverse side

INDIVIDUAL PERMIT CONFIRMATION FORM

Page 2

Permit Year _____

Please provide the following information:

1. Work Phone _____

2. Work Shift (5/40, 9/80, etc.) _____

3. Start time _____ End Time _____

4. List all vehicles that you plan to drive to and from work: (Required even if it's the same as last year.)

License No.	Make	Year

5. Name of Department or Payroll Fund No. _____

6. Classification/Job Title _____

7. Work Address _____

8. Room No. _____ Mail Stop No. _____

The following items are optional:

Groupwise email address _____

Do you wish to be placed on a parking lot waiting list? Yes _____ No _____ For Which Lot? _____