

## NEW HIRE-2 WEEK TEMPORARY PARKING PERMIT REQUEST FORM

Please complete the following information in order to obtain a *temporary 2-week* UMBC parking permit.

### **Department Information:**

Hiring Department: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Employee Start Date: \_\_\_\_\_

### **New Employee Information:**

Campus ID # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Campus Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Vehicle Information:**

State \_\_\_\_\_ License Plate \_\_\_\_\_

Plate Exp Month \_\_\_\_\_ Plate Exp Year \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Style (2 door, 4 door, SUV, truck, van) \_\_\_\_\_

Vehicle Color \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Are you the vehicle Owner Yes \_\_\_\_\_ No \_\_\_\_\_