



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.

All Fields REQUIRED

Department Information:

Hiring Department: _____

Name of Department 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 _____

Vehicle Make _____ Vehicle Model _____

Vehicle Color _____ Are you the vehicle Owner? Yes ____ No ____

PARKING SERVICES USE ONLY:

Date Created _____ Initials _____

Renewal Needed? Yes ____ No ____