



# Carpool Permit Confirmation Form

Permit Year \_\_\_\_\_

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

(Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

I have received a copy of the Carpool 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)
  - e. Any change(s) in Carpool Membership (e.g. a member retiring or leaving City service)
- 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, 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.

SSN \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

PERMIT/KEYCARD# \_\_\_\_\_ DECAL# \_\_\_\_\_ LOT# \_\_\_\_\_ EXPIRES \_\_\_\_\_

COPS/PARKING COORDINATOR INITIALS \_\_\_\_\_

please complete the reverse side

# CARPOOL PERMIT CONFIRMATION FORM - CONTINUED

## ALL CARPOOL MEMBERS MUST UPDATE PERSONAL INFORMATION WHEN RENEWING PERMIT

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Department or Payroll Fund No. \_\_\_\_\_ Classification/Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ Room No. \_\_\_\_\_ Mail Stop \_\_\_\_\_

Work Shift (5/40, 9/80, etc.) \_\_\_\_\_ Work Hours: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

List all vehicles that you plan to drive to and from work:

License No.	Make	Year

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