

**ISD  
PARKING SERVICES SECTION  
PARKING PERMIT CERTIFICATION FORM**

I hereby acknowledge receipt of my Auto Park \_\_\_\_\_ Parking Permit Number \_\_\_\_\_ /Keycard Number (if applicable) \_\_\_\_\_, replacement of Old Parking Permit Number \_\_\_\_\_ /Old Keycard Number (if applicable) \_\_\_\_\_. I understand that I will not be authorized to enter my assigned Auto Park without properly displaying my permit and key card at the facility entrance. Failure to comply may impact my eligibility to participate in the parking program.

I understand that there is a \$25 replacement fee for the permit, as well as a \$25 replacement fee for the keycard, if lost. Replacements for verified (police report) stolen permits or keycards will be provided free of charge. Broken, faded, or cracked permits or keycards will also be replaced at no charge provided that the permit or keycard to be replaced is returned to my parking coordinator.

I further understand that my signature indicates my understanding of the guidelines reflected in the policy and procedure documentation, and that if a lost or stolen permit is recovered it is to be immediately submitted to my Parking Coordinator for processing. ***If a vehicle is found utilizing an invalid permit (i.e. lost/duplicated/shared/stolen), the vehicle will be cited, and the employee will be investigated for fraud.***

\_\_\_\_\_  
PRINT NAME - EMPLOYEE

\_\_\_\_\_  
EMPLOYEE #

\_\_\_\_\_  
SIGNATURE - EMPLOYEE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DEPARTMENT/AGENCY

\_\_\_\_\_  
DATE

► **This form must be signed and returned to: ISD-PARKING SERVICES  
500 West Temple Street B-95  
Los Angeles, CA 90012.**