



Carpool Permit Confirmation Form

Permit Year _____ - July _____ The carpool year ends every July.

(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.

ID # _____ Print Name _____ Signature _____ Date _____

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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 _____

Email address: _____ @ _____

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

License No.	Make	Year

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