



APPLICATION FOR EMPLOYEE PARKING

Employee Parking Office

Toll Plaza Building

8:30 a.m. – 4:00 p.m.

Monday – Friday

Parking will not be issued if this application is incomplete.

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Employer/Dept: _____

POS ID Badge #: _____ Driver's License # _____

Please list the license plate number(s) of the vehicle(s) you intend to park in the employee lots.

License plate numbers are mandatory.

Vehicle License Plate #	State	Make
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Note:

*A company authorization letter is needed if your employer is paying for your parking.
A Washington State Driver's License is required for self paid parking.*