

**City of St. Augustine
Parking Garage Pass for Employees
Application**

EMPLOYEE:

Name: (Please print clearly) _____

Department/Division: _____

Address _____ City _____

State: _____ Zip Code: _____ Telephone Number: (_____) _____

VEHICLE: #1 #2

State: _____

License Plate: _____

Make: _____

Model: _____

I understand that this pass is a privilege/benefit provided by the City of St. Augustine. It is the property of the City and must be returned when I leave the City's employment. It is not transferable and may not be lent to family or friends. I agree to notify Human Resources or the Parking Facility if the card is lost or stolen. I understand that it affords me no privilege beyond that of any one else. . ie if the garage is full, I will not be able to park there. I understand that if I abuse this privilege, the pass may be revoked.

Signature

Date

Human Resources – Approved

Date