

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

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**EMPLOYEE:**

Name: (Please print clearly) \_\_\_\_\_

Department/Division: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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**VEHICLE:**

**#1**

**#2**

State: \_\_\_\_\_

\_\_\_\_\_

License Plate: \_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_

\_\_\_\_\_

Model: \_\_\_\_\_

\_\_\_\_\_

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**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