KAPI'OLANI COMMUNITY COLLEGE
STAFF APPLICATION FOR PARKING PERMIT# _____
EFFECTIVE SEPTEMBER 01, _____ TO AUGUST 31, _____

This application is authorized by the Chairperson/Program or Unit Head:

_____ _____ _____

(Signature) **(Department)** **(Date)**

Outstanding KCC Parking Citations (previous semesters included) must be paid in full at the Business Office; proof of payment is required. Repeated violations may result in the towing of your vehicle.

PRINT CLEARLY

Applicant: _____
(Last) (First)

Position Title: _____ Department _____

Office Location: _____ Campus Telephone: _____
(Bldg/Room)

Auto Make: _____ Model: _____ Year: _____ Color: _____

Auto Lic. #_____

Do You Have A Valid Driver's License? Yes or No

Do You Have A Current Auto Insurance? Yes or No

I HAVE RECEIVED MY PERMIT, AND A COPY OF THE K.C.C. PARKING RULES AND REGULATIONS for the current semester and I agree to abide by said Rules and Regulations as set forth by the Board of Regents, 06/08/68.

Applicant's Signature**:**_____

(To be Filled in by Auxiliary Services)

Approved By:_____ Issued By:_____ Date:_____