

# White Memorial Medical Center



## SAFETY & SECURITY Application for Parking Permit

Will you be driving to work?  Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_

Department: \_\_\_\_\_

### Schedule

- Full-Time
- Part-Time
- Per-Diem

### Shift

- Day Shift
- Evening Shift
- Graveyard Shift
- Mid-Shift
- Night Shift
- NOC Shift
- Rotate
- Variable
- Weekends

### Vehicle #1 Description

Year:	Make:	Model:
Color Top:	Color Bottom:	
License Plate:	State:	

### Vehicle #2 Description (Optional)

Year:	Make:	Model:
Color Top:	Color Bottom:	
License Plate:	State:	

If the vehicle is a new vehicle without a license plate enter the Vehicle Identification Number

Vehicle #1 \_\_\_\_\_

Vehicle #2 \_\_\_\_\_

Applicants typed name below indicates acknowledgment that he/she will receive WMMC's Parking Policy as well as parking permits upon completing remaining paperwork in person. Applicant also acknowledges that parking is at the convenience of the hospital on an annual basis and may be revoked at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***HR use only below this line***

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Vehicle #1 Permit Number:


Vehicle #2 Permit Number: