



FACILITIES MANAGEMENT  
PARKING SERVICES

# PARKING SERVICES CONTRACTOR PASS REQUEST

COUNTY OF RIVERSIDE PARKING OFFICE  
3450 14th Street 2nd Fl., Riverside, CA 92501  
OFFICE (951) 955-5129 FAX (951) 955-5531

## DRIVER IDENTIFICATION

DATE: \_\_\_\_\_

Mail Stop#: \_\_\_\_\_

### Contractor Information:

Department: \_\_\_\_\_ Company Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

### Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Vehicle Information:

Contractor's Pass Transferrable? YES \_\_\_\_\_ NO \_\_\_\_\_ (fill out Vehicle information below)

Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND FURTHER UNDERSTAND THAT THIS CONTRACOR'S PASS IS TO BE USED BY MYSELF AND IT AUTHORIZES PARKING IN DESIGNATED COUNTY EMPLOYEE AREAS ONLY.

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

### OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Contractor Pass #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ Date: \_\_\_\_\_