

ADMINISTRATION BUILDING PARKING FORM

PORTAGE COUNTY EMPLOYEE VEHICLE INFORMATION FORM

Name:	Date:
Dept:	Work Ph #:
VEHICLE 1	VEHICLE 2
Color:	Color:
Make:	Make:
Model:	Model:
Plate #:	Plate #:

If available, current parking spot number assigned:

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OTHER OPTIONS:

LICENSE PLATE CHANGE:			REPLACING VEHICLE (OLD INFO)	
New License Plate:			Color:	
Old License Plate:			Make:	
			Model:	
			Plate #:	
NAME CHANGE:				
From:				
To:				

THIS COMPLETED FORM SHOULD BE RETURNED TO HUMAN RESOURCES.