

# 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 settled/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)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Driver's Lic.# \_\_\_\_\_ State Issued: \_\_\_\_\_

Auto Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Auto Lic.#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Address of Registered Owner: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

**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: \_\_\_\_\_

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(To be Filled by Auxiliary Services)

Approved By: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date: \_\_\_\_\_