

MUST BE TYPED OR PRINTED Attachment – Non-Concessionaire **Parking & RAC Vehicle Schedule**

Please note any wheelchair accessible (ADA) vehicles with an asterisk () adjacent to Vehicle #.

COMPANY CAR#: _____

Vehicle Length: _____ Height: _____ (only for N, V and C permits)

#Seats (include Driver): _____ Vehicle Color: _____ Year: ____ / ____ / ____

Make: _____ Model: _____ Type**: _____

State & Tag#: _____ Exp. Date: _____

Entire VIN#: _____

.....
This section is for OFFICE USE ONLY:

SQL Permit #: _____ **L/H Class:** _____ **Date Issued/Initials:** _____
Input Date: _____ **Date Voided:** _____

SQL Permit #: _____ **L/H Class:** _____ **Date Issued/Initials:** _____
Input Date: _____ **Date Voided:** _____

EPASS/or/SUNPASS# _____ We need a document verifying proof of the number

Omega Account#: _____ **Class:** _____ **Input Date:** _____ **Date Issued/Initials:** _____
Date Cancelled: _____ **Last used:** _____

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