



FACILITIES MANAGEMENT DEPARTMENT

Roger A. El Khoury, M.S., P.E., Director

700 Lavaca Street, Suite 1300, Austin, Texas 78701 • Phone: (512) 854-9661 • Fax: (512) 854-9226

Travis County Contractor Parking Request Form

Name: _____

Company or Agency: _____

Work Phone: _____

Cell Phone: _____

For Office Use Only

Permit #: _____

Entered by: _____

Date Entered: _____

Begin Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____

A non-refundable \$10.00 fee is required for any replacement permits.

Please make checks or money orders payable to:

TRAVIS COUNTY FACILITIES MANAGEMENT DEPARTMENT

(A \$30.00 NSF fee is charged for all returned checks.)

1. Parking Permit Information:

Vehicle 1

Year, Make, Model, Color: _____

License Plate: _____ State: _____

Vehicle 2

Year, Make, Model, Color: _____

License Plate: _____ State: _____

CONTRACTOR SIGNATURE: _____ DATE: _____

Contractor agrees to abide by the Official Parking Rules and Regulations issued by Facilities Management Department.

SIGNATURE OF CONTRACTOR OR AGENCY SUPERVISOR:

Signature **Print Name** **Date**