



Office of Safety & Security
109 Community College Rd
Ahoskie NC 27910
(252) 862-1219

Parking Permit Application

APPLICATION INFORMATION

Employee Name _____ Hire Date _____

Job Title: _____

Employment Status (Check appropriate boxes): Full- /Permanent Part-time Part-time
 Faculty Staff

Building: _____ Department: _____ Room: _____

Vehicle Information

#1 License plate number: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____

Color: _____

#2 License plate number: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____

Color: _____

#3 License plate number: _____ State: _____

Vehicle Year: _____ Make: _____ Model: _____

Color: _____

For Office Use Only

Date Issued: _____

Issued by: _____

Permit v1 _____

Permit v2 _____

Permit v3 _____