

STATE OF HAWAII
 DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
 AUTOMOTIVE MANAGEMENT DIVISION - PARKING CONTROL BRANCH

APPLICATION FOR PARKING PERMIT
 (CONTRACT HIRES, EMERGENCY HIRES, CONTRACTORS, STATE VEHICLES)
 Complete Bold Printed Items (Items 2, 6, 7, & 8)

1. CONTROL NO. _____
ALPHA TYPE ISLAND CODE PERMIT NO.

2. **PERSON / COMPANY / DEPT RESPONSIBLE FOR PAYING BILL** _____ **Application Date:** _____

BILLING ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

Payment Schedule **Monthly** **Quarterly** **Semi-Annually** **Annually**
 (Check One)

Permittee Name (If Applicable) _____

3. **Start Date** ____ / ____ / ____ 4. **End Date** ____ / ____ / ____ 5. **Dept. Assign Code** _____

6. **Permittee Work Phone** _____ 7. **No. of Vehicles** _____

8. Vehicle Information	Primary Vehicle	Secondary Vehicle
Registered Owner	_____	_____
Year/Make	_____	_____
License No.	_____	_____
Registration Expires	_____	_____
Insurance Expires	_____	_____

9. **Lot I.D.** _____ 10. **Stall Type** _____ 11. **Access Card No.** _____

12. **Decal No.** _____ 13. **Assignment Code: C or S** _____ 14. **Permit No.** _____

Issued: MPP or YSPP For the Period _____ to _____
 (For individuals, MPP issued if billing is monthly or quarterly; YSPP if billing is semi-annually or annually)

PAYMENT INFORMATION

If permit is issued beginning second half of month, initial payment must be for either .5 or 1.5 months.

Cost Per Stall \$ _____ x No. of Stalls _____ x No. of Months Paid _____ = \$ _____

Amount Paid for Gate Card Deposit (Separate Check Required) = \$ _____

Total Amount Received Cash or Check = \$ _____

Check No. _____ (Gate Card Deposit) Check No. _____ (Parking Fee)

Pre-Paid for the period: _____ to _____ Date _____

Inputted by: _____ Date _____