Parking Application Motorcycle/Bicycle



Application Approval

Parking Management Office

Date

U.S. Department of Housing and Urban Development Office of Facilities Management Services Protective Services and Security Division

Application Points

Name of Applicant	
Home Address	(Please print last name, first name, mi)
City, State, and ZIP Code _	
Home Telephone Number	()
Year and Make of Vehicle	
State of Registration	Tag Number
Permit Number	Assigned Location
Place of Employment:	
Address of Employment: _	
Office Telephone Number	and Extension

CERTIFICATION

Caution! Falsification of information will result in revocation of prime applicant's parking privileges.	
I,, affirm that the information I have supplied on this application is complete and accurate. I understand that submission of incomplete or inaccurate information is sufficient cause for revocation of HUD parking privileges. I authorize the HUD Parking Management Office to verify submitted information with my employment office, and to verify that I may receive transit subsidy through my employer if I so choose.	
Date	
Signature	
Privacy Act Statement	

Federal Property Management Regulations, Section 101-20.104, Parking Facilities, authorizes the collection of all information Failure to provide the information, requested on the form may result in denial of a parking permit. The data is used to identify parking applicants and pool members, issue permits, and manage the parking facilities. This information may be disclosed to the HUD parking contractor for managing the parking facilities and may be released to other Federal and non-Federal agencies for use in computer matching programs for identifying and verifying eligibility for a parking space for applicants and pool members on multiple pool applications. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.