

**Cristo Rey Brooklyn High School Parking Pass Application**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Title at CRBHS: \_\_\_\_\_

Title at BHGH: \_\_\_\_\_

**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Color: \_\_\_\_\_

Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

By completing and signing this form I understand and agree to the following:

- I will display this permit at all times while on CRB property
- This pass is not transferable to another party
- This pass will be returned should I leave the employ of CRB or BHGH
- I will be responsible for my vehicle and park in accordance with all parking rules
- I will be responsible for the proper handling and care of parking my vehicle

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Permit Number Issued: \_\_\_\_\_

Initials: \_\_\_\_\_