

FIRST EVANGELICAL COMMUNITY CHURCH CERRITOS CAMPUS

Parking Permit Application

NAME: (ENGLISH) _____ (CHINESE): _____

ADDRESS: _____

City

Zip Code

PHONE: () _____ (home)
() _____ (work)

EMAIL ADDRESS: _____

MY PARKING NEEDS ON SUNDAY ARE:

(please check at least one of the following)

- I have a person with physical disabilities and/or limited mobility in my vehicle
- I have child(ren) under 6 years of age in my vehicle
- I have senior adults over 65 years of age in my vehicle
- I have child(ren) with special needs in my vehicle
- Others (please specify):

(to help us better assess your needs, please check the applicable box(es))

- I am the only adult in the vehicle who can lend assistance to the needy individual(s)
- I usually come to church at 9:30 – 10:00 AM
- I usually come to church at 10:45 – 11:30 AM

(for office use)

Disposition of Application: Approve Disapprove by: _____

Effective Dates: _____

Permit No. _____ Issue Date _____