

E.O.D. _____

Grade: _____

Parking Permit Survey

(Please PRINT)

Department/Division _____

Permit Number _____

Parking Location _____

(Garage, E, or F Lot) (choose one or the other for E/F lot)

Name _____

Title _____

Work Location _____

Work Phone _____

E-mail Address _____

Parking Coordinator **Walter Zerrlaut** _____

Vehicle (year, make, model) _____

Tag Number _____

Secondary Vehicle _____

Return completed survey to...

Department of Health and Mental Hygiene

Central Services Division

Attn: Tamara Godoy

201 West Preston Street, Room LL-4

Baltimore, Maryland 21201

Facsimile (410) 333-7482