



STUDENT/INSTRUCTOR PARKING FORM

PLEASE PRINT

Name _____ Department _____

Indicate below how long you will be here at Le Bonheur (i.e. term, semester etc.).

From _____ Through _____

Will you be here (Please check one)

Mornings _____ from _____ A - _____ P Evenings _____ from _____ P - _____ P/A
Saturday/Sunday Only _____

- * License Plate (tag) number
* State
* Make (i.e. Chevy)
* Model (i.e. Camaro)
* Color

Agreement to Comply

I _____, agree to comply with all identification and parking policies as delineated in the Medical Center Policy and Procedure Manuals and within any city, state, or federal regulations that are applicable to LBCMC grounds.

In doing so, I understand that I am granted free parking in the designated parking lots. I also understand that any violation of the parking policy may result in the issuing of a citation and the levying of a fine against me. If I receive a parking citation, I understand that I must report to the Security department and must pay the parking citation fee of \$10.00.

Recipients Signature

Date

(School) Instructors Name

Telephone/Contact Phone Number

Le Bonheur Authorized/Management/ Contact Person

Telephone Number

Le Bonheur Security
Phone (901) 287-4456
Fax # (901) 287-5930
ID Badge Hours 7:30 AM - 11:00 AM & 12:00 PM - 3:00 PM
MONDAY THROUGH FRIDAY