



EMPLOYEE PARKING PASS DELEGATION

ORGANIZATION: Airline Concessionaire Gov't Ground Handler LEO CLT/CLT VIP Other
Prime Hourly \$200/Month Employee Parking \$35 Replacement Card \$50

PLEASE PRINT OR TYPE CLEARLY 0 = ZERO O = LETTER 1 = ONE I = LETTER

DELEGATE NAME _____
LAST FIRST MIDDLE TITLE _____

PHONE _____ EMAIL _____

DELEGATE NAME _____
LAST FIRST MIDDLE TITLE _____

PHONE _____ EMAIL _____

DELEGATE NAME _____
LAST FIRST MIDDLE TITLE _____

PHONE _____ EMAIL _____

DELEGATE NAME _____
LAST FIRST MIDDLE TITLE _____

PHONE _____ EMAIL _____

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I, _____ (Authorized Signer Print), delegate the employees listed above to request and/or make changes to the employee parking requests on behalf of, _____
_____ (Company Name).

EMPLOYER SECTION

AUTHORIZED SIGNER (PRINT) AUTHORIZED SIGNER (SIGNATURE) DATE

SIGNER TITLE WORK PHONE EMPLOYEE SIGNATURE

EMPLOYER BILLING SECTION

COMPANY BILLING CONTACT: _____ PHONE: _____

BILLING ADDRESS: _____

BILLING EMAIL: _____

All Employee Parking is billed to the employer.

All Employee Parking Pass requests or questions must be emailed to the Employee Parking Coordinator.

cltemployeepark@cltairport.com