



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 _____ <small>LAST</small>	_____ <small>FIRST</small>	_____ <small>MIDDLE</small>	TITLE _____	
PHONE _____	EMAIL _____			
DELEGATE NAME _____ <small>LAST</small>	_____ <small>FIRST</small>	_____ <small>MIDDLE</small>	TITLE _____	
PHONE _____	EMAIL _____			
DELEGATE NAME _____ <small>LAST</small>	_____ <small>FIRST</small>	_____ <small>MIDDLE</small>	TITLE _____	
PHONE _____	EMAIL _____			
DELEGATE NAME _____ <small>LAST</small>	_____ <small>FIRST</small>	_____ <small>MIDDLE</small>	TITLE _____	
PHONE _____	EMAIL _____			

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