

PREFERENTIAL PARKING DISTRICT REIMBURSEMENT FORM

Date permit obtained or renewed: _____
MM/DD/YYYY

I, _____, a resident at _____
(First and Last Name) (Street Address, City, Zip)

am seeking reimbursement from Loyola Marymount University (LMU) for the following permits (please circle the number of annual and guest permits for which you are seeking reimbursement):

1 2 3 Annual Permits (3 permits* / residence @ \$34/year per permit)

1 2 Visitor Permits (2 permits* / residence @ \$67.50/year per permit**)

* LADOT maximum limit per household

** Visitor permits cost \$22.50 each and are valid for 4 months

\$ _____ TOTAL REIMBURSEMENT REQUESTED

I understand that:

- I must also submit a completed IRS Form W-9 with this form in order for LMU to process my reimbursement.
- compliance with the restrictions of the preferential parking district is my responsibility, as are any tickets I or my guests may receive due to failure to comply.
- these permits are non-transferrable and cannot be sold to other persons for use. Doing so will result in my household's ineligibility from being reimbursed by LMU.

Signed by: _____ on _____
(Signature) MM/DD/YYYY

Phone number: _____

Once completed, this form and the W-9 form can be emailed to community@lmu.edu or mailed to LMU Community Relations / 1 LMU Drive – Suite 4800 / Los Angeles, CA 90045.

Limit: One reimbursement per address per year for a maximum reimbursement of \$237.

For Office Use Only:

Total reimbursement amount: \$ _____ Authorized by: _____

Budget #: _____