

PARKING TAG APPLICATION

By submitting this application, the applicant/lessee, is attesting that the assigned parking tag is lost, was stolen, or the separated employee failed to return the parking tag for the stated lot and permit number.

All questions and concerns should be directed to DMS Parking Services prior to completing this application. DMS Parking Services can be contacted at:

Florida Department of Management Services
P.O. Box 5438
Tallahassee, FL 32314-5438 **OR**
email AskDMSParkingServices@dms.myflorida.com

This completed application, with payment, should be mailed to the address above.

Applicant/Lessee Name: _____
First Middle Initial Last

People First ID #: _____ **Requested Lot #** _____

Department or Agency: _____

Division: _____ **City:** _____

Agency Organization Code _____

Email Address: _____

Work Number: _____ **Cell Number:** _____

By executing this agreement, Lessee agrees to comply with established (sections 255.51, 272.161, and 553) Florida Statutes, 60H-4, Florida Administrative Code, and DMS parking policies. Failure to comply could result in the loss of parking privileges.

Lessee Signature

Date

Lessor/DMS Signature

Date Received/Processed

Permit #: _____ **Sonitrol ID #:** _____

Assigned Lot name and #: _____ **Level #:** _____
DMS Parking Form 5031