



**CITY OF CORPUS CHRISTI
EMPLOYEE PARKING
VOUCHER REQUEST FORM**

CITY EMPLOYEE: _____
PRINT NAME

DEPARTMENT: _____ CITY ID #: _____

DATES OF TRAVEL: DATE OF DEPARTURE: _____ AT: _____ AM PM

DATE OF RETURN: _____ AT: _____ AM PM

EMPLOYEE SIGNATURE

DATE

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

LICENSE PLATE #: _____

REQUEST FORM MUST BE SENT TO CCIAEMPLOYEEPARKING@CCTEXAS.COM. ALL REQUESTS MUST COME FROM A CITY OF CORPUS CHRISTI EMAIL.

AIRPORT PARKING ATTENDANT: _____
PRINT NAME & SIGNATURE DATE