



# CITY OF CORPUS CHRISTI DISABLED VETERAN VOUCHER REQUEST FORM

VETERAN NAME: \_\_\_\_\_  
PRINT NAME

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

DATES OF TRAVEL: DATE OF DEPARTURE: \_\_\_\_\_ AT: \_\_\_\_\_ AM PM

DATE OF RETURN: \_\_\_\_\_ AT: \_\_\_\_\_ AM PM

STAY LONGER THAN 30 DAYS? YES NO

VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

\_\_\_\_\_  
DISABLED VETERAN SIGNATURE DATE

REQUEST FORM AND PROOF OF DESIGNATION MUST BE SENT TO [CCIADV PARKING@CCTEXAS.COM](mailto:CCIADV PARKING@CCTEXAS.COM). VOUCHERS ARE ONLY VALID FOR DATES PROVIDED.

AIRPORT PARKING: \_\_\_\_\_  
PRINT NAME & SIGNATURE DATE