



# CHANGE FORM

**FAILURE TO COMPLETE ALL APPLICABLE ITEMS WILL RESULT IN PROCESSING DELAYS.** *(Fill in and print out this form.)*

**CARPOOL**

**INDIVIDUAL**

*For questions, please call the Commute Options & Parking Section at (213) 978-1655.*

ICTS Updated

PRIMARY PERMIT/KEYCARD HOLDER	Last Name	First Name	M.I.	Employee ID Number
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PERSON REQUESTING CHANGE(S)	Last Name	First Name	M.I.	Employee ID Number
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**A. LOT CHANGE REQUEST**

Current Lot	Current Permit/Keycard #	Decal #	Office Use Only
New Lot	New Permit/Keycard #	Decal #	

**B. WORKSITE OR TELEPHONE NUMBER CHANGE**

Name of Old Department	Name of New Department
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New Payroll Fund Number	New Work Address: Building Name or Street Address	Room Number
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Mail Stop #	Start Time	End Time	New Work Telephone Number	Effective Date
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**C. ADD/DELETE VEHICLE(S)**

Add/Delete	Driver's Last Name, First Name	Employee ID #	Vehicle License #	Make/Model	Year

**D. HOME ADDRESS CHANGE (Carpooler's Only) - Requires 2 Proofs of New Address \*\***

Old Home Address, City, State and Zip

New Home Address, City, State and Zip (P.O. Box Address is not acceptable)

Effective Date

**E. DELETE CARPOOL MEMBER - If ADDING, please complete reverse side.**

Carpool Member's Last Name, First Name	Employee ID Number	Effective Date

<small>*Pursuant to Federal Law PL 93-579, I understand that my Social Security Number is herein required based upon provisions of the City's payroll system operational prior to January 1, 1975 and applicable Federal Law.</small>	All persons involved have been notified of the changes on this form.	
	Signature of Person Making Changes on this Form.	Date

<small>I understand that the Commute Options and Parking Section MUST be notified of any changes in the information provided on this form. If notification is not received, the parking permit/keycard and privileges may be revoked or suspended for a minimum of one year.</small>
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M. I.

First Name

For Office Use Only: Last Name

**\*\* Two Proofs of Address MUST be attached for new carpool member(s) and one for the current member(s).**  
*please see reverse side*

<b>TWO PROOFS OF CURRENT ADDRESS <i>MUST</i> BE ATTACHED FOR NEW CARPOOL MEMBER(S) AND ONE FOR THE CURRENT MEMBER(S).</b>								
Employee ID Number	Last Name	First Name			M.I.	Verified by:		
Home Address, City, State and Zip (P.O. Box Address is not acceptable)					Driver's License No.			
Work Address: Building Name or Street Address				Mail Stop #	Work Telephone Number			
Work Shift (4/10,5/40,9/80, etc)	Start Time	End Time	Department Name		Fund Number			
Class Title			Continuous Service Date		Effective Date			
Employee ID Number	Last Name	First Name			M.I.	Verified by:		
Home Address, City, State and Zip (P.O. Box Address is not acceptable)					Driver's License No.			
Work Address: Building Name or Street Address				Mail Stop #	Work Telephone Number			
Work Shift (4/10,5/40,9/80, etc)	Start Time	End Time	Department Name		Fund Number			
Class Title			Continuous Service Date		Effective Date			
<b>DESCRIBE YOUR CARPOOL ROUTE (e.g. streets/freeways driven, and which person picks up the other).</b>								

I have received a copy of the Carpool Parking Rules issued by the Commute Options and Parking Section (COPS) and understand that I must abide by these rules. I understand that my parking permit/keycard and all parking privileges may be revoked or suspended for a minimum of one year if I fail to follow these rules, or fail to inform COPS of any of the following changes:

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| <ul style="list-style-type: none"> <li>a. Work Location (includes transfers to DWP)</li> <li>b. Work Schedule or Telephone Number</li> <li>c. Vehicle(s) (added or deleted)</li> <li>d. Vehicle License Plate Number(s)</li> </ul> | <ul style="list-style-type: none"> <li>f. Employment Status: Leaves of Absence (e.g. personal, family, maternity or IOD)</li> <li>g. Any changes in Carpool Membership (e.g. a member retiring or leaving City service)</li> </ul> |
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I hereby authorize the City of Los Angeles Commute Options & Parking Section (COPS) to deduct from my wages/salary the fee for employee parking. This authorization shall be in effect until I 1) RELINQUISH MY PERMIT/KEYCARD AND 2) SUBMIT A NOTICE to stop the deduction. If, the amount of said fees are changed by the City, COPS is hereby authorized to change the deduction from my salary/wages accordingly. COPS may cancel this deduction if I fail to meet the terms and conditions of the Employee Parking Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_