

# FIRST EVANGELICAL CHURCH OF CERRITOS

## Parking Permit Application

NAME: (ENGLISH) \_\_\_\_\_ (CHINESE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

PHONE: ( ) \_\_\_\_\_ (home)  
( ) \_\_\_\_\_ (work)

EMAIL ADDRESS: \_\_\_\_\_

### MY PARKING NEEDS ON SUNDAY ARE:

*(please check at least one of the following)*

- I have a person with physical disabilities and/or limited mobility in my vehicle
- I have child(ren) under 6 years of age in my vehicle
- I have senior adults over 65 years of age in my vehicle
- I have child(ren) with special needs in my vehicle
- Others (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(to help us better assess your needs, please check the applicable box(es))*

- I am the only adult in the vehicle who can lend assistance to the needy individual(s)
- I usually come to church at 9:30 – 10:00 AM
- I usually come to church at 10:45 – 11:30 AM

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*(for office use)*

Disposition of Application:  Approve  Disapprove by: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Permit No. \_\_\_\_\_ Issue Date \_\_\_\_\_