

Life Chiropractic College West

Parking Permit Request

	nformation
Name: S. Mitchell Hella	aun
Name: Si Mitchell Halla Phone Number: 916-410-7133	· · · · · · · · · · · · · · · · · · ·
Type of Parking Permit Requested:	BraitDart-BoM
☐ Student Parking Employee Parking	Life Chiroaractic Cotlege West, in accordance
	nformation
All members of the Life Chiropractic College West con office of Student Services. Parking permits are to be d	
First Posting Poweit	
First Parking Permit Replacement	The College also problems rexuel and any or an electrons brainfield
Vehicle I	nformation
Jean screen and recomment in the Sollege's	State: California
License Plate #: + CAPCIO	State: 211107112
Vehicle III III III	Corolla L Swn (2013 model)
Description: WAITE YOU TOY TO	corolla L sin (205 mon)
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Sweller L. N. 1997 Swells	AA AAAN AAN AAN AAN AAN AAN AAN AAN AAN
r agree to keep my parking permit displays	ed at all times, whenever parked on campus.
(XIIII) of the	01 1200
Signature Signature	2 April 2015
Signature	Date
Office	Use Only
Permit Number:	
Student Services Representative Signature	Date