



LOMA LINDA UNIVERSITY
HEALTH

LLUH PARKING PERMIT REGISTRATION

GENERAL INFO

FIRST NAME:

LAST NAME:

HOME ADDRESS:

CITY / ZIP:

PHONE NUMBER:

EMAIL ADDRESS:

EMPLOYMENT INFO

CLASSIFICATION:

ID:

EID:

BADGE ID:

FULL TIME

PART TIME

ENTITY:

JOB TITLE:*

MEDICAL CENTER

UNIVERSITY

CHILDREN'S HOSPITAL

BMC

HEALTHCARE

SHARED SERVICES

MURRIETA

DEPARTMENT:*

DEPT. LOCATION:*

VEHICLE DETAILS

**If this is a new vehicle and has not been issued license plates, then enter the last 5 digits of the VIN #.*

LICENSE PLATE:*

STATE:*

MAKE:*

VEHICLE TYPE:*

(e. sedan, SUV, truck)

MODEL:*

COLOR:*

VEHICLE YEAR:*

LICENSE PLATE:*

STATE:*

MAKE:*

VEHICLE TYPE:*

MODEL:*

COLOR:*

VEHICLE YEAR:*

LICENSE PLATE:*

STATE:*

MAKE:*

VEHICLE TYPE*

MODEL:*

COLOR:*

VEHICLE YEAR:*

LICENSE PLATE:*

STATE:*

MAKE:*

VEHICLE TYPE:*

MODEL:*

COLOR:*

VEHICLE YEAR:*

Please complete this registration form entirely and e-mail / fax to Parking Services

LLUH Parking & Traffic Services

*11206 Campus Street. Loma Linda CA 92354
Phone: 909 - 651 - 3025 | Fax: 909 - 651- 5488
E-mail: parking@llu.edu*

Hours of Operation:

*Monday - Thursday : 7am - 5pm
Friday: 7am - 2pm*