POLICE DEPARTMENT
PALOMAR COLLEGE
Overnight Parking Request
760-744-1150 x 3289
csantos@palomar.edu

Request due 2 weeks prior to event.

No permits shall be issued to students in person or at the parking window.

Department:_____ Contact Person:_____
Phone:_____ Extension: _____
Team:_____ e-mail:_____

Only persons on the list below shall be eligible to receive passes.

Date(s):_____

Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____
Name:_____ License Plate:_____ Vehicle Make:_____