

Medical Office Buildings Parking Permit Application

Be Sure to Completely Fill Out Application

Applicant Information

Date						Contact Number	
First Name						Last Name	
MOB (circle)	A	B	C	D	E	Suite Number	

You will be issued One (1) Permit. If you have multiple vehicles, permit will need to be alternated between use.

Vehicle Information	Vehicle #1	Vehicle #2	Vehicle #3
Year			
Make			
Model			
Color			
State			
License Plate No.			

- ▶ This completed application can be:
 - Dropped to the Security office on **the 1st floor of MOB-A, Suite 11C**
 - E-mail scanned permit application to infoAK@cbre.com
- ▶ Security will only hold permits for 30 days after application is turned in; Security may deliver if time allows
- ▶ Permit must be visible and updated when any changes are made
- ▶ Please contact **Security at (907) 748-3863** (Available 24/7) when you sell a vehicle or have any questions
- ▶ Employees who resign or are terminated must return permits to the Security Office

By signing below, you are acknowledging you have read the Alaska Regional Hospital Parking policy Hosp. 202.280.

Applicant Signature

Date

TO BE COMPLETED BY SECURITY:	
Permit No.	
Date Issued	
Officer Name	