Please complete and return to Capitol Mall Parking via E-mail

☐ **State employee** ☐ **Other**

Information Requested:

- Full Name:
- Phone #:
- E-Mail:
- Department:
- Division:
- Building:
- Office # and/or floor:
- Current Tag #:
- Space #: (for Reserved, handicap, and carpool only)
- License Plate #1:
- Make / Model:
- License Plate #2:
- Make / Model:
- License Plate #3:
- Make / Model:
- Motor Cycle Plate:
- Make / Model:

Thanks

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Capitol Mall Parking
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332-1932