



EMPLOYEE AND FAMILY HOUSING

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RESERVED PARKING SPACE CANCELLATION FORM

Please note that licensees are required to provide no later than 14 days notice prior to the end of the month with intent to vacate a reserved parking space.

RESIDENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PARKING SPACE NUMBER: _____

PERMIT NUMBER: _____

As of _____, 20____ (must be last day of month), I will no longer be using the parking carport space.

X

RESIDENT DATE

AGENT DATE