



Minnesota West Community and Technical College AFSCME Access/Parking Fee Waiver

Name _____ Date _____

Tech ID _____

Make _____ Model _____

Color _____ License Plate _____

I hereby request a waiver of the access/parking fee as allowed by Article 20, Sect. 9 of the AFSCME contract. By doing so, I declare that I will not be parking in state owned parking lots or accessing any state owned parking lots or roadways.

Signature _____

Supervisor Approval _____

Please complete this waiver form and forward to Kayla Richter, Business Service Supervisor, at the Canby campus.

Office Use Only:

Waiver approved _____

Date approved _____

Date waiver processed _____

Initials _____

Transaction # _____

Updated July 8, 2022