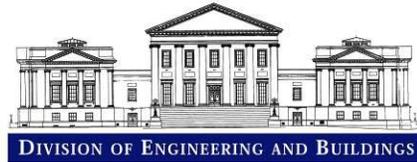




DEPARTMENT OF
GENERAL SERVICES

Serving Government. Serving Virginians.

www.dgs.virginia.gov/parking



Parking Services and Building Access Section
215 Governor Street
Richmond, Virginia 23219
Inter-Agency Mail Stop: 194-17
Phone: (804) 786-5675
Fax: (804) 786-5911
ParkingServices@dgs.virginia.gov

Guest Parking Request Form

Requests for guest parking will be accommodated as spaces are available. The agency will charged per space for each day of use. The request must be submitted by the Agency Parking Coordinator to DGS Parking Services at least five working days prior to the requested date. The Agency Parking Coordinator or guest shall pick up the parking permit in the DGS Parking Services Office and provide a check made payable to the Treasurer of Virginia before using the parking facility. Agencies within the Capitol Square Complex may choose to be invoiced for the requested guest permits.

PART 1: Requestor's Information	
Agency Name:	Agency Number:
Name of Contact at Agency:	Phone:
Email:	Fax:
Number of Parking Permits Requested:	
Parking Facility Requested:	
Date(s) Requested:	
Payment Method: <input type="checkbox"/> IAT <input type="checkbox"/> Check	

PART 2: Parker's Information					
1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Name of Parker:</td> <td style="width: 40%; padding: 5px;">Phone:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Make, Color, and License Number of Vehicle:</td> </tr> </table>	Name of Parker:	Phone:	Make, Color, and License Number of Vehicle:	
Name of Parker:	Phone:				
Make, Color, and License Number of Vehicle:					
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Name of Parker:</td> <td style="width: 40%; padding: 5px;">Phone:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Make, Color, and License Number of Vehicle:</td> </tr> </table>	Name of Parker:	Phone:	Make, Color, and License Number of Vehicle:	
Name of Parker:	Phone:				
Make, Color, and License Number of Vehicle:					

Please use the second page if you need additional space.

Received By:	Date:
Assigned Facility:	Amount Due:

PART 2 (continue): Parker's Information		
3	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
4	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
5	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
6	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
7	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
8	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
9	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
10	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
11	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
12	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
13	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
14	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
15	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	