|  |  |  |  |  |
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| **DEPARTMENTAL REQUEST FOR VISITOR PARKING PASSES** | | | | |
| **DATE** | **DEPARTMENT & AGENCY** | **CONTACT & PHONE** | | **MSC #** |
|  |  |  | |  |
| **COMPANY/CENTER NUMBERS:** | | | **BILLING CODE:** | |
| **Requests must be received two weeks in advance.** | | | | |
| **Pease enter the type of passes (2-hour, 4-hour or 8-hour) and quantity below** | | | | |
| |  |  |  | | --- | --- | --- | | **Visitor Parking Pass** | **Type/Quantity Requested** | **Total Amount Due** | | **2 -Hour Pass - $4.00/ea** |  | **$** | | **4 –Hour Pass - $8.00/ea** |  | **$** | | **All Day Pass - $16.00/ea** |  | **$** | | **Total Passes/Cost** |  | **$** | | | | | |
| **Please forward completed request to:**  Derrick A. Moore  Phone: (919) 807-2408  Fax: (919) 807-2316  Email: [Derrick.A.Moore@DOA.NC.GOV](mailto:Derrick.A.Moore@DOA.NC.GOV) | | | | |
| *Departments and/or agencies may purchase a maximum 12 of each type of pass at one time, unless passes are for an appointed Board or Commission meeting, or a special event.*  *The Parking Division reserves the right to limit the sale of passes to ensure available visitor parking.* | | | | |
| |  | | --- | | *For Parking Division Use Only*  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Invoiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Payment Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |