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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 three business days 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 Hours** | **Total Amount Due** | | **2 -Hour Pass - $4.00/ea** |  | **0** | **$0** | | **4 –Hour Pass - $8.00/ea** |  | **0** | **$0** | | **8 - Hour Pass - $16.00/ea** |  | **0** | **$0** | | **Total Passes/Cost** | **0** | **0** | **$0** | | | | | |
| **Please forward completed request to:**  State Parking Office  Phone: 984-236-0190  Fax: 984-236-0200  Email: [parking@doa.nc.gov](mailto:darlene.buchanan@doa.nc.gov) | | | | |
| *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |