|  |
| --- |
|  |

|  |
| --- |
| **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 OfficePhone: 984-236-0190 Fax: 984-236-0200Email: parking@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |