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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** |
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| **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** |  | **$** |

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| **Please forward completed request to:**Derrick A. MoorePhone: (919) 807-2408 Fax: (919) 807-2316Email: 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.* |
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| *For Parking Division Use Only*Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Invoiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Payment Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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