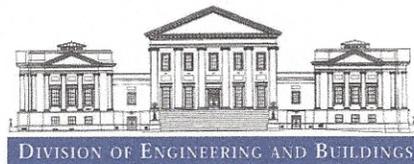




DEPARTMENT OF  
GENERAL SERVICES

Serving Government. Serving Virginians.

www.dgs.virginia.gov/parking



Parking Services and Building Access Section  
102 Governor Street  
Richmond, Virginia 23219  
Phone: (804) 786-5675  
Fax: (804) 786-5911  
ParkingServices@dgs.virginia.gov

## Parking Request Form

To designate a new assignee, transfer an assignee, update assignee information, or replace a permit, please complete and submit this form to your Agency Parking Coordinator. DGS Parking Services will contact the Agency Parking Coordinator when the action is complete.

PRIMARY ASSIGNEE Information			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Agency:</b>		<b>MI:</b>	
<b>Building Name/Address:</b>		<b>Agency Number:</b>	
<b>Work Phone:</b>		<b>Building Number:</b>	
<b>Email:</b>		<b>Alternate Phone:</b>	
<b>Primary License Plate Number:</b>		<b>Alternate License Plate:</b>	
		<b>Non-State Employee: (Contractor)</b> <input type="checkbox"/>	

The undersigned acknowledges his/her responsibility to comply with the parking policies issued by the Department of General Services and to promptly update any changes to the above employment, vehicle, and authorized user information. The undersigned agrees to the semi-monthly payroll deduction for the parking fee as applicable to the parking space assignment. The undersigned further agrees to return the parking permit and/or access card issued for this space upon termination of the parking privilege. Should the permit be lost, stolen, or unreturned, the undersigned agrees to pay the required fee for its replacement. Parking in a DGS owned or leased facility is at the risk of the undersigned.

<b>Primary Assignee Signature:</b>	<b>Date:</b>
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ACTION REQUESTED			
<input type="checkbox"/>	New Assignee Previous Assignee:	<input type="checkbox"/>	Transfer from Lot No. _____ Permit No. _____
<input type="checkbox"/>	Updated Contact or Vehicle Information		Lost or Stolen: Permit <input type="checkbox"/> Access Card <input type="checkbox"/> Previous Number:
<input type="checkbox"/>	Name Change Previous Name:		Broken: Permit <input type="checkbox"/> Access Card <input type="checkbox"/> Previous Number:

As the Agency Parking Coordinator, approval of this request is recommended and I certify that the employee is eligible for a parking assignment in the Department of General Services facility in accordance with the DGS policy and the criteria established by this agency.

<b>Agency Parking Coordinator Signature:</b>	<b>Date:</b>
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<b>Lot No.:</b>	<b>Permit Number:</b>	<b>Access Card Number:</b>	<b>Effective Date:</b>
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Entered By: \_\_\_\_\_ Date Entered: \_\_\_\_\_

