

PARKING AND TRANSPORTATION

TEMPORARY PARKING PERMIT REQUEST

Temporary permits are contingent upon approval of Virginia Tech Parking and Transportation staff and management.

Personal Information (please print)

Date _____

Hokie Passport No. _____ Name _____

Home Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Department Loading Permits must be requested by the department.

Department _____ Starting Date _____

Contact Person _____ Contact Person Phone No. _____

Signature of Department Head _____

Your permit will be ready to be picked up in five business days. All permits that are not picked up within 30 days will be destroyed.

Please Check the Kind of Permit Requested

- Departmental Loading Special Use Temporary Medical Disability Replacement (\$5)

Reason and length of time the permit is needed *(Include the class, lab, and office hours that this permit is needed for. No more than three days)*

Vehicle Information A Virginia Tech parking permit needs to be displayed in addition to this permit, except the new employee permit.

	License Plate	State	Vehicle Make	Vehicle Model	Color	Year
Vehicle #1						
Vehicle #2						
Vehicle #3						

I certify that the information provided on this form is correct to the best of my knowledge. I also understand that the misuse, resale, fabrication, alteration, and unauthorized transfer of this permit is illegal and may result in a \$150 fine. For any information or status changes, I will contact Parking and Transportation so that they can make any corrections to my permit or file.

I understand that I am responsible for obtaining and familiarizing myself with Virginia Tech's Parking Rules & Regulations, and by my signature below agree to abide by them. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Signature _____ Date _____

For Office Use Only

Permit Number _____	Date Received _____	Taken By _____	Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/>
Banner Checked _____	Expiration Date _____	Lot Restrictions _____	Time Restrictions _____
Date Issued _____	Picked Up By _____	Date _____	