

# 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 four 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 _____	

