



Guest Parking Request Form

Requests for guest parking will be accommodated as spaces are available. The agency will be charged per space for each day of use. The request must be submitted by the Agency Parking Coordinator to DGS Parking Services at least five working days prior to the requested date. The Agency Parking Coordinator or guest shall pick up the parking permit in the DGS Parking Services Office and provide a check made payable to the Treasurer of Virginia before using the parking facility. Agencies within the Capitol Square Complex may choose to be invoiced for the requested guest permits.

PART 1: Requestor's Information

Agency Name:	Agency Number:
Name of Contact at Agency:	Phone:
Email:	Fax:
Number of Parking Permits Requested:	
Parking Facility Requested:	
Date(s) Requested:	
Payment Method: <input type="checkbox"/> IAT <input type="checkbox"/> Check	

PART 2: Parker's Information

1	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
2	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	

Please use the second page if you need additional space.

Received By:	Date:
Assigned Facility:	Amount Due:

PART 2 (continue): Parker's Information

3	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	

4	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
5	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
6	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
7	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
8	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
9	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
10	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
11	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
12	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
13	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
14	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	
15	Name of Parker:	Phone:
	Make, Color, and License Number of Vehicle:	