



# OPB

## Office of Parking and Badging Division of Capitol Square Services

dgs.virginia.gov

### Parking Request Form

To designate a new assignee, transfer an assignee, update assignee information, or replace a permit, please use the fillable fields to complete and submit this form to your Agency Parking Coordinator. DGS

Parking Services will contact the Agency Parking Coordinator when the action is complete.

Handwritten forms are not accepted.

PRIMARY ASSIGNEE INFORMATION		
Last Name:	First Name:	MI:
Agency:		Agency Number:
Building Name/Address:		Building Number:
Work Phone:	Alternate Phone:	
Email Address:	Account #:	Non-State Employee: <input type="checkbox"/> (Contractor)
Primary License Plate #: Issuing State:	Plate Type:	Vehicle Make/ Model:
Primary License Plate #: Issuing State:	Plate Type:	Vehicle Make/ Model:

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.

Primary Assignee Signature:	Date:
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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: <input type="checkbox"/> Permit <input type="checkbox"/> Access Card Previous Number:
Name Change Previous Name:	Broke: <input type="checkbox"/> Permit <input type="checkbox"/> Access Card 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.

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