

# Long Term Visitor Parking Permit Request

**PLEASE COMPLETE ALL INFORMATION AND PRINT LEGIBLY**

Please note, Long Term visitor permits are contingent upon approval by Virginia Tech Parking Services staff and management.

Name	Virginia Tech Identification Number	Date
Home Address (Street)	(City, State)	(Zip Code)
Home Phone Number	Work Phone Number	Cell Phone Number

E-mail Address
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This area must be completed.

Original

Replacement (\$5)

**Specific Reason for Campus Visit** \_\_\_\_\_

**Location to be visited** (Please be Specific) \_\_\_\_\_

**Number of Days on Campus per Week** \_\_\_\_\_

**Permit Needed From:**(MM/DD/YY)\_\_\_\_\_ **To:** \_\_\_\_\_

Are you receiving any type of compensation from Virginia Tech? (scholarships, grants, stipend, etc.)  
Please explain. \_\_\_\_\_

*Faculty, Staff, and Students are ineligible for Long Term Visitor permits*

Vehicle Information	License Plate	State	Vehicle Make	Vehicle Model	Color	Year

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 \$110 fine. For any information or status changes, I will contact Parking Services so that they can make any corrections to my permit or file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Parking Services' Office Use Only

Permit Number

Date Received	Taken By	Banner Checked?	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Faculty/Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved	Denied	Ticket Balance	Affiliation	
Expiration Date	Lot Restrictions	Time Restrictions	Date Issued	
Replacement \$5	Check #	Cash	Visa	MasterCard
Picked Up By	Date	Issued By		