

Parking Services: Parking Fee Waiver Request

Requestor Information:

Name: _____ **Date Submitted:** _____
Print Name

Division/Department: _____

Requesting Campus: _____ **Contact #:** _____

Email: _____

*****To Receive Parking At No Charge, A NOVA Employee From The Requesting Department
Must Submit A Completed Form To The Campus Parking Services Office*****

Individual/Event Information:

Individual/Event Name: _____

Requested Dates: _____
To ensure time for processing, please submit the parking fee waiver request at least **two weeks** in advance of the requested dates

Total Number of Permits Requested: _____

Reason for Visit to Campus: _____

For Office Use Only:	
Approved By: _____	Date: _____
Permit Information: _____	
Processed By: _____	Date: _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Vehicle Information:

License Plate: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

***** All Permits Will Be Issued Virtually. Vehicle Information MUST Be Included In the Request For Parking Privileges To Be Assigned. No Physical Pass Will Be Provided.*****