

REQUEST FOR JL LOT VALIDATION CODE FOR VISITORS

Requestor's Name:	Date:	
Department:	PO Box:	
Telephone:	Fax:	
Index Code for Billing:	E-mail:	
By signing below, I acknowledge and agree to	the following terms:	
The requester is authorized to make page 1.	purchases on behalf of the department.	
	e month. Once the request for a code is approved, year. Each June, codes for the upcoming fiscal year.	
	onsibility to maintain integrity of the validation codust be reported to Parking and Transportation Servi	
 The requesting department will be changed of usage will be sent monthly to the expression. 	arged once per month for all usage during the presenail listed above.	vious month. Documentation
	cel at any time. Submit written cancellation reques lepartment will be deleted; final billing and docume	
 Parking and Transportation may dele- cancellation will be sent to requester 	ete codes at any time due to misuse or failure to pa via email address above.	y. Written notice of
If five (5) or more visitors are expecte (804) 827-3400. Separate arrangements	ed for an event, please contact VCU Special Events ents will be made to ensure availability of parking s	s at <u>prkgevent@vcu.edu</u> or spaces.
 The following JL Lot visitor rates appl maximum charge per day is \$10. 	ly: \$1 per hour for the first two hours, \$2 per hour	for each additional hour. The
Requestor's Signature	Date	
Department Head Printed Name	Department Head Signature	 Date

Send completed form and all inquiries to: prkgevent@vcu.edu (804) 827-3400

Parking and Transportation Services 1108 W. Broad St. PO Box 843002