

# PATIENT / VISITOR

## PARKING REQUEST FORM

### MUST TURN IN PARKING REQUEST FORM UPON APPOINTMENT CHECK IN

**\*\*\*Failure to complete "all" fields legibly will result in vehicle not being cleared\*\*\*\***

If you are a Patient who currently has an assigned Pentagon Parking Permit you must relocate your vehicle to your assigned parking area after your appointment unless you are seeking Emergency Medical Care. Lanes 41 and 42 are for PATIENTS ONLY. Visiting Maintenance and Guest should park in Lanes 2 & 3 South EADS St. VIOLATORS will have their vehicles towed at own expense (up to \$270.00)

Do you currently have an assigned Pentagon Parking Permit? (Circle One) **NO / YES**  
(if yes, you must relocate your vehicle to your assigned parking area after your appointment, failure to comply will result in being booted or towed)

Is this an Emergency Medical Visit? (Circle One) **YES / NO**

Check box below that corresponds to where your vehicle is parked :

- TRICARE LANES 41 – 42 (patients only)  HANDICAP
- NORTH Parking LANE 61-62 (Employee Temporary Parking)
- South EADS ST. LANE 1 (Employee Temporary Parking)
- SOUTH EADS ST. LANES 2 & 3 (NON-EMPLOYEE / VISITOR) Visit office Corridor 10 Room 2D1039 to have your vehicle cleared for any other lanes

Today's Date: \_\_\_\_\_ Date Requesting Clearance: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(It is imperative that you write clearly so that the staff can input the plate number correctly!)

License Plate Number: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Appointment Location: \_\_\_\_\_ Appointment Provider: \_\_\_\_\_

**YOU MUST PROVIDE YOUR APPOINTMENT LOCATION SO THAT WE MAY CONTACT YOU IF THERE IS A PROBLEM WITH YOUR CLEARANCE**

(DO NOT write DTHC for appointment location; specify the location e.g. Laboratory, Primary Care, etc..)

I have read and acknowledge the above Parking Instruction(initial here) \_\_\_\_\_

Medical Detachment Staff Only
Request Cleared:    YES    NO
Staff Last Name _____

For further assistance please contact the  
Medical Detachment Services Office  
Parking Representative at (703)692-8572/8832