PTDC Patient Parking Request Form

FORM MUST BE PRESENTED AT THE TIME OF 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. <u>Lanes 41 and 42 are for PATIENTS ONLY.</u>

Visiting Maintenance and Staff personnel from outside facilities need to park in <u>Overflow Lanes 57-63</u>. Violators will be towed at own expense. (Fee of \$270.00 will apply)

Do you currently have an assigned Pentagon Parking Permit? YES NO

(If YES, please be sure to relocate your vehicle to assigned parking area after your appointment, failure to comply will result in being towed or booted)

Is this an Emergency Medical Visit? YES ____ NO ____

Please check the appropriate box below that corresponds to where your vehicle is parked in NORTH PARKING:

TRICARE LANES 41-42 (patients only) HANDICAP

TRICARE OVERFLOW LANES 57-63 (patients, visitors, and maintenance personnel)

If you are parked in any other lanes other than 41-42 or 57-63 please visit the parking office located in Corridor 10 Room 2D1039 to have your vehicle cleared.

<u>REQUIRED CLEARANCE INFORMATION</u>: (please write legibly)

Today's Date: _____

Date Requesting Parking Clearance: _____

Last Name: ______ First Name: _____

License Plate Number: ______ License Plate State: _____

Appointment Time: _____ Arrival Time: _____

Appointment Location: ______ Appointment Provider: _____

You MUST provide your exact appointment location so that we may contact you if there is a problem with your clearance. Please DO NOT write DTHC for appointment location; specify location e.g. Laboratory, Primary Care, Dental Clinic, etc.)

I HAVE READ AND ACKNOWLEDGE THE ABOVE PARKING INSTRUCTIONS

For Further assistance please contact the Medical Detachment Services Parking Representatives Office at (703-692-8572/8834

MEDICAL/DENTAL DETACHMENT STAFF ONLY

REQUEST CLEARED: YES NO CLEARING STAFF LAST NAME: ____