

## **Parking Validation Ticket Order Form**

Internal Guest Validation Ticket Request

Please retain a copy for your records.

Please Print Clearly								
Order Information								
To submit request: Download form, complete in full and email form to AuxiliaryServices@udc.edu or call (202) 274-6181.								
Today's Date:								
Type of Validation:			# of	Validation Ticke	ts Requested:			
<ul><li>100% Complimentary</li><li>50%</li></ul>					Date	Needed By:		
<ul><li>University Disc</li><li>Other</li></ul>	ount All orders w			s will be proc	essed within	n three (3)	business day	s.
Contact Information								
Department / Office:								
Point of Contact (Nar	me & Title):							
Contact Phone #:				Contact E	Email Address:			
Method Of Payment (P-Card ONLY)								
Date of Payment:		·			Date:			
Note: Upon payment, proceed to the Parking Operations Office in Building 39, Room CC04; with receipt and form to schedule order pick-up. A UDC Onecard is required to pick up validation tickets. Check box to acknowledge.								
Received By								
By signing this form, I acknowledge that all validation tickets are accounted for. I received validation tickets.								
Received By Name / Signature:					Date:			
Parking Operations Use Only								
Validation Batch #'s:								
Notes:								
Revised: OAE Form #2 2/2020								
Nevised. OAL 101111 #2 2/2020								