



## Administrative Support Services

### INTERNAL PARKING VALIDATION REQUEST FORM

Department Name: \_\_\_\_\_

Department Location: \_\_\_\_\_

FOAPAL Coding: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### NUMBER OF SINGLE-USE VALIDATIONS REQUESTED

☐ 10      ☐ 25      ☐ 50      ☐ 100      ☐ 150

☐ Other (Please specify reason and quantity)

\_\_\_\_\_  
Signature of Requestor      Date      Signature of Department Head      Date

*\* This section is to be completed once you have received the requested validation tickets*

I have received a total of \_\_\_\_\_ validation tickets and I am authorized to pick-up validation tickets on behalf of the Department Named above. I acknowledge that the department is responsible for establishing a secure distribution process and that improper handling or misuse of validation tickets may result in disciplinary action.

\_\_\_\_\_  
Name      Signature      Date Received

#### FOR OFFICE USE ONLY

Validation Ticket #: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Parking Signature: \_\_\_\_\_

Date of Pickup: \_\_\_\_\_

Administrative Support Services  
263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230  
Phone: 860-679-4248; Fax: 860-679-0194  
Email: [parking.transportation@uchc.edu](mailto:parking.transportation@uchc.edu); Website: <http://www.health.uconn.edu/park>  
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