



EMPLOYEE PARKING PERMIT REQUEST FORM

First Name: _____

Last Name: _____

Phone Number: _____

E-mail Address: _____

Company: _____

SIDA/Badge Number: _____

***Handicap Placard?** Please Indicate Number: _____

VEHICLE # 1 INFORMATION

VEHICLE # 2 INFORMATION

Make _____

Make _____

Model _____

Model _____

Plate # _____

Plate # _____

State _____

State _____

Please initial each line item to indicate read and agreed to.

_____ Permits are NON-REFUNDABLE and NON-TRANSFERABLE.

_____ Permits must be displayed on rear view mirror when parked in all designated parking areas.

_____ Permits must be immediately returned to the administration office upon separation from employer.

_____ If a permit is lost or stolen, a non-refundable replacement fee of \$20.00 will be administered.

_____ The speed limit within airport parking areas is 5 mph and must be obeyed at all times. If not complied with, parking privileges may be revoked.

_____ Permits must not be used for personal travel and/or vehicle storage without prior permission from Airport Administration, obtained by e-mailing: groundtransportation@btv.aero

_____ The airport reserves the right to tow and/or move any vehicle that is in violation of these rules, at the owner's expense.

Employee Signature: _____

Manager's Signature: _____

AIRPORT ADMINISTRATION USE ONLY

Date Received _____

Month Billed _____

Permit # Issued _____

Misc. _____