

Temporary Parking Permit Form - Hospital

Our **temporary parking permit form** sample for hospitals simplifies the process of obtaining short-term parking authorization for patients and visitors. This template ensures clear communication of parking rules and durations while accommodating hospital-specific needs. Easily customizable, it helps maintain organized and efficient parking management on medical premises.

Permit Holder Name

Relationship to Hospital

Select▼

Department/Ward (if applicable)

Vehicle Make/Model

License Plate Number

Vehicle Color

Requested Parking Dates

e.g., MM/DD/YYYY - MM/DD/YYYY

Parking Times

e.g., 8:00 AM - 6:00 PM

Reason for Request

Permitted Parking Zone(s)

e.g., Lot A, Visitor Zone, etc.

Permit Issued By (Staff Name & ID)

Signature of Applicant

Type full name as signature

Date

Submit