

LONG TERM PARKING REQUEST	Date of Request
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NOTE: Due to limited parking space availability, requests for Long-Term Parking (LTP) over 96 hours must be submitted during normal working hours at NSA Security Visitor Control Center Office and will be processed on a first come first serve basis. Parking will be limited to 275 spaces in the West parking garage at NSA Capodichino or 65 spaces in the parking lot adjacent to the Security Building at NSA Gricignano/Support Site. As directed by the Commanding Officer, Long-Term Parking requests exceeding fifteen (15) days at NSA Capodichino or thirty (30) days at Support Site will be forwarded to the Security Department for review and final approval. A copy of approved Leave Paperwork, TAD, or TDY Orders must be submitted with this request and can be mailed to: nsanaplessecvcc@us.navy.mil. The driver must also show proof of current and valid Motor Vehicle Registration and Insurance. The issued LTP pass shall be properly placed on the vehicle dashboard during the entire duration of the requested parking period.

FULL LEGAL NAME		RATE/RANK	COMMAND / DEPARTMENT		NATIONALITY
WORK TELEPHONE NR.		HOME TELEPHONE NR.		CELLULAR PHONE NR.	
HOME ADDRESS			REASON FOR REQUEST AND TRAVEL DESTINATION TDY/VACATION		
MARITAL STATUS SINGLE/MARRIED	SPOUSE ACCOMPANYING OWNER		PARKING DATE REQUEST		
			FROM: TO:		
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE COLOR	LICENSE PLATE NUMBER	

**CONTACT INFORMATION FOR POINT OF CONTACT STAYING IN THE NAPLES AREA WHO
WILL HAVE PHYSICAL POSSESSION OF ABOVE VEHICLE KEYS:**

FULL LEGAL NAME	WORK TELEPHONE NR.	HOME TELEPHONE NR .	CELLULAR PHONE NR.

ACKNOWLEDGEMENT BY OWNER: In the event of an emergency, or other necessary situation, attempts will be made to reach my designated Point of Contact above. If attempts fail, I hereby authorize NAVSUPPACT Naples Security Department permission to attempt to unlock my vehicle and have it relocated or towed as required. If my vehicle should sustain damage due to its relocation, I hereby release NAVSUPPACT Naples and all its personnel from any liability associated with this move. Furthermore, I agree to assume the responsibility for any and all costs related to such relocation. NAVSUPPACT NAPLES is not responsible if the vehicle is stolen or damaged while on any NAVSUPPACT Naples facility.

Type Full Name of Owner: _____ Legal Signature of Owner: _____

Date Signed: _____

PRIVACY ACT INFORMATION

PRINCIPLE PURPOSE(S) Information contained within this request is under the authority of 5 U.S.C. 301, Departmental Regulations and Order 9397. The information contained within the request will be used for the sole purpose of identifying the vehicle and the owner associated with the vehicle.

ROUTINE USE(S) Information contained within this request may be disclosed as generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974 as amended. This record will remain on file with the NSA Naples Security Department until termination or expiration of the Long Term Parking Request. In addition, other Federal, State and local Government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified.

DISCLOSURE Voluntary; however, failure to provide the requested information may preclude issuance of the LTP.