

<b>LONG TERM PARKING REQUEST</b>	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 Pass & ID Office. They will be processed on a first come first serve basis. Parking will be designated 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 thirty-one (31) days and over will be forwarded to the Security Department for review and final approval. Parking will be designated in the parking lot adjacent to the Security Building at NSA Gricignano/Support Site only. A copy of approved Leave Paperwork, TAD, or TDY Orders must be submitted with this request and can be mailed to: [nsanaplessecpassid@us.navy.mil](mailto:nsanaplessecpassid@us.navy.mil). The driver will show proof of current and valid Motor Vehicle Registration and Insurance. The driver will also ensure that the LTP pass issued is properly placed on the vehicle dashboard during the entire duration of the requested parking period.

<b>FULL LEGAL NAME</b> Joe Sailor	<b>RATE/RANK</b> YN2/E-5	<b>COMMAND / DEPARTMENT</b> NAVSUPPACT NAPLES		<b>NATIONALITY</b> US
WORK TELEPHONE NR. XXX-XXXX	HOME TELEPHONE NR. XXX-XXX-XXXX	CELLULAR PHONE NR.	XXX-XXX-XXXX	
<b>HOME ADDRESS</b> VIA BOSCARIELLO, GRICIGNANO D'AVERSA		<b>REASON FOR REQUEST AND TRAVEL DESTINATION</b> TDY/VACATION		
<b>MARITAL STATUS</b> SINGLE/MARRIED	<b>SPOUSE ACCOMPANYING OWNER</b> AMELIE SAILOR	<b>PARKING DATE REQUEST</b> FROM: 1/15/20 TO: 1/31/20		
<b>VEHICLE MAKE</b> TOYOTA	<b>VEHICLE MODEL</b> YARIS	<b>VEHICLE YEAR</b> 2003	<b>VEHICLE COLOR</b> SILVER	<b>LICENSE PLATE NUMBER</b> ZAXXXNT

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

<b>FULL LEGAL NAME</b> Bill Smith	<b>WORK TELEPHONE NR.</b> XXX-XXXX	<b>HOME TELEPHONE NR.</b> XXX-XXX-XXXX	<b>CELLULAR PHONE NR.</b> XXX-XXX-XXXX
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**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.