# **Hospital Parking Guidelines for Overnight Stays**

Dear [Patient/Visitor's Name],

We understand that during your visit, parking can be a concern. To ensure a smooth experience, please review the following guidelines for parking during overnight stays:

### **Parking Location**

Overnight parking for patients and visitors is available in the designated parking garage located at [Address/Location].

## **Parking Fees**

The standard parking fee is [\$Amount] per hour, with a maximum daily charge of [\$Maximum Amount]. Please make sure to validate your parking ticket at the front desk to receive a discounted rate for overnight stays.

### **Parking Hours**

The parking garage operates 24 hours a day. Please ensure your vehicle is parked in a spot that is clearly designated for hospital visitors.

### **Accessibility**

Designated accessible parking spaces are available on each level of the parking garage. Please display your valid permit while parked in these spaces.

#### **Contact Information**

If you have any questions or need assistance during your stay, please contact the parking services at [Phone Number] or visit our information desk located at [Location].

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]