VIRGINIA COMMONWEALTH UNIVERSITY
POLICE DEPARTMENT
TRAFFIC DIVISION

(804) 628-2292 / FAX (804) 828-1199

SPECIAL TEMPORARY PARKING PERMIT APPLICATION

APPLICANT NAME: _____

BUSINESS NAME: _____
If Applicable

APPLICANT ADDRESS: _____

CITY/COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: HOME: _____ BUSINESS: _____
If Applicable *If Applicable*

E-Mail: _____ FAX: _____

TYPE OF BUSINESS: _____

PLEASE SPECIFY LOCATION (INCLUDE ALL LOCATIONS IF MORE THAN ONE)

_____

_____

Specific Purpose for Request:

_____

_____

_____

Do You Need Parking Regulation Signs to be issued to you:

Date of this request: _____

Date and Time for which request is being made:

From (Date): _____ **From (Time):** _____
(**Note**: For Time, please indicate A.M or P.M.)

To (Date): _____ **To (Time):** _____

Description of vehicle (if truck or special vehicle indicates length)

_____

_____

The permit is issued by the Chief of Police under authority of the City Charter Section 11C.01 and City Code Section 28.201. It is issued specifically for the date, time, location and purposes requested by the applicant. This permit is subject to immediate revocation by the ranking member of the Department of Police or Representative of the Division of Traffic Engineering, if in their opinion it is not being utilized for the purpose for which it was requested. The permit may likewise be revoked if any condition exists that creates a threat to public safety or traffic hazard whether caused by the applicant or any other circumstance. The undersigned agrees to the conditions aforementioned and all such other conditions as are stated on the temporary parking permit and certifies that the information provided is accurate and complete.

APPLICANT'S SIGNATURE: _____

Return Application to:

VCU Police Department
Traffic Division
938 West Grace Street
Richmond, VA 23284

Office Phone: (804) 628-2292
Office FAX: (804) 828-1199

Clear Form