

**Restricted Use Parking Permit Request Form**

**P. O. Box 8795, Williamsburg, VA 23187 [201 Ukrop Way]**

Submit at least two weeks before you need your vehicle. Information will be sent to the Parking Appeals Committee for review. You may not bring your vehicle to campus until permission is granted.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical College Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Status: (Circle one) \***Freshman** \***Sophomore**

**\*An on campus Restricted Use Decal allows you to park only at the William and Mary Hall lot. You may however opt for a Long Term Storage Decal instead at the School of Ed. Please specify below.**

I request to register my vehicle from \_\_\_\_\_ to \_\_\_\_\_ for the purpose outlined below.

I will use my vehicle only for the purpose for which I am granted this exception. I agree to notify Parking Services and to return my permit if circumstances change that required me to seek and be granted this exception:

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Other extenuating circumstances requiring an exception:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----**For Office Use Only**-----

**PARKING APPEALS COMMITTEE:**

(\_\_ ) Permission denied ( \_\_ ) Permission Granted Date: \_\_\_\_ to \_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_