

**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: \_\_\_\_\_  
College Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

**\* Restricted use decal allows you to park only at William and Mary Hall.**

I request to register my vehicle from \_\_\_\_\_ to \_\_\_\_\_ for the purpose outlined below. I will be working at least 10 hours a week. 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 I stop working for this company or if circumstances change that required me to seek and be granted this exception:

Company Name: \_\_\_\_\_ Company Contact: \_\_\_\_\_

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

Days and hours scheduled to work: \_\_\_\_\_

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

Other extenuating circumstances requiring an exception:

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

---

---

**For Office Use Only:**

Prior Decal:  Yes  No Decal Type: \_\_\_\_\_ Decal #: \_\_\_\_\_

Verification of Exception: Point of Contact: \_\_\_\_\_

Hours: \_\_\_\_\_ Dates: \_\_\_\_\_

Signature \_\_\_\_\_

**PARKING APPEALS OFFICER:** (\_\_\_) Permission denied (\_\_\_) Permission Granted

Date: \_\_\_\_\_ to \_\_\_\_\_

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