

**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 Director P&T or the Parking Appeals Committee for review. You may not bring your vehicle to campus until approval is granted.

Name: \_\_\_\_\_ W&M ID # 93 \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

**\*An on campus Restricted Use Decal allows you to park only at the Kaplan Arena lots. You may however opt for a Long Term Storage Decal instead at the School of Ed Lot 4. Please specify below.**

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

I primarily 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:

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

Additional circumstances requiring consideration:

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

Previous permit holder: \_\_Yes or \_\_No Decal Type & # \_\_\_\_\_

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

**For Office Use Only:**

**PARKING APPEALS COMMITTEE:**

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

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

Restricted Use Decal \_\_\_\_\_ or Long Term Storage \_\_\_\_\_ or Other \_\_\_\_\_

**Remarks:**

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