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| **FACULTY / STAFF** |  |  |
| **Department of Police & Security Services****Parking Permit Application / Update Form****Academic Year 2023-2024** |

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| **PLEASE SELECT ONE OF THE FOLLOWING:**\_\_\_\_ Initial Permit for Academic School Year ($30 fee) \_\_\_\_ Replace Lost or Stolen Permit ($15 fee)  \_\_\_\_ Additional Permit ($15 fee for each) \_\_\_\_Update Vehicle Information only (no fee) **TOTAL # OF PERMITS BEING REQUESTED:** \_\_\_\_\_\_\_\_**Employee Information**EMPL ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_\_Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Vehicle Information**License Plate\* (Vehicle #1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required) State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License Plate (Vehicle #2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License Plate (Vehicle #3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate (Vehicle #4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(1) I understand that I am liable for any parking violations issued to me by the VPCC Department of Police and Security Services. (2) I agree to either pay all assessed fines and/or applicable late fees or submit an “Appeal Application” within 10 business days after the alleged violation. (3) I further agree to pay any citations, which the Appeals Committee denies within 10 business days of the committee’s decision. (4) I understand that I will be held responsible for all fees incurred in the efforts to collect any unpaid parking violations. (5) I acknowledge that I am aware the VPCC Parking Policy Rules and Regulations are available online at https://www.vpcc.edu/police/parking/regulations (6) I understand that it is my obligation to become familiar with this Policy and that VPCC has the right to enforce such Rules and Regulations. (7) I understand that if my fines and/or late fees remain unpaid upon my departure from Virginia Peninsula, my final paycheck may be subject to a payroll deduction in the total amount due to the Virginia Peninsula Department of Police and Security Services.I agree to hang the permit from the rearview mirror with permit number facing the front windshield of any vehicle I park at VPCC in accordance to VPCC Parking Policy. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Issued By \_\_\_\_\_\_\_\_\_\_**Cashier Use Only – (Please circle the appropriate type)** Entered By \_\_\_\_\_\_\_\_\_\_\_Decal Type: F1 F2 PF Decal Payment: Credit Card Cash Check Payroll Deduction   |

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