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