



# RADFORD CITY POLICE

20 Robertson Street Radford, VA 24141  
540-731-3624 – www.radford.va.us/police

**Patrol Operations Bureau**  
Phone – (540) 731-3624  
Fax – (540) 731-3620

**Criminal Investigations Bureau**  
Phone – (540) 731-3627  
Fax – (540) 639-0104



## Temporary Parking Permit Application

### RESIDENT'S INFORMATION

Name (Last, First, Middle)		Date of Birth		Social Security Number	
Local Address (Numeric and Street Name)			City	State	Zip
Permanent Address (Numeric and Street Name)			City	State	Zip
Cell Phone Number (     )		Home Phone Number (     )		Work Phone Number (     )	
Resident's Parking Permit Number			Date Temporary Parking Permit will be returned		

### VISITOR'S INFORMATION

Name (Last, First, Middle)		Date of Birth		Social Security Number	
Local Address (Numeric and Street Name)			City	State	Zip
Permanent Address (Numeric and Street Name)			City	State	Zip
Cell Phone Number (     )		Home Phone Number (     )		Work Phone Number (     )	
Year of Vehicle	Make of Vehicle	Model of Vehicle		Color of Vehicle	
License Plate Number		License Plate State	License Plate Expiration Date		

This is to certify that I have received a temporary parking permit in condition with Sec. 12-142, paragraph c. of the City of Radford, Virginia. This permit is to be used only for the vehicle for which the permit is obtained.

I understand that a twenty-five (\$25.00) dollar fine will be imposed if the permit is not returned to the City of Radford Department of Police within the prescribed limit.

I do certify that I am a resident of the above stated address and the information I have provided is true and accurate to the best of my knowledge. I do understand that if I give false information on this form to get a Resident Parking Permit, I will be charged with a criminal offense.

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

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

### \*\* OFFICE USE ONLY \*\*

Permit Number Issued: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Issuing Officer: \_\_\_\_\_

Date Permit Returned: \_\_\_\_\_