



Radford City Police Department

Don Goodman, Chief of Police

20 Robertson Street

Radford, Virginia 24141

(540) 731-3624



Parking Permit Application

Name (Last, First, Middle)		Date of Birth	Driver's License Number and State of Issue	
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	

* Permit **must** be placed on **left corner of rear bumper**; this is a Radford City Ordinance that must be complied with.

* This Parking Permit is valid in 4-hour zones only.

* Valid only in immediate area of residence.

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: _____

Copy of Lease
 Utility Bill
 Land Owner
 Other