



TOWN OF OCCOQUAN
 314 Mill Street | P.O. Box 195
 Occoquan, Virginia 22125
 (703) 491-1918 | info@occoquanva.gov
 www.occoquanva.gov

TOWN USE ONLY
Documentation Provided:
 Driver's License
 Proof of Residency
 Vehicle Registration
 Vehicle License Reg
 Other _____

**Timed Parking District
 Residential Parking Permit Application**

NAME: _____ **VA DL#** _____

RESIDENTIAL ADDRESS: _____, Occoquan VA 22125 **P.O. BOX:** _____

PHONE: _____ **EMAIL:** _____

1. Do you have off-street parking available to you? (Select One.)
 Yes No Some Not sure

2. Please indicate number of off-street parking spaces you have available to you at your residence. _____

3. How many vehicles do you own that are registered to your residence in Occoquan? (Only vehicles registered to a qualified address in Occoquan are eligible for parking exceptions.) _____

4. Are your vehicles up-to-date with the Town's Vehicle License Fee program? (This fee is due annually to the Town each November.) Yes No Not sure

5. Please provide applicable vehicle information:

| Make | Model | Color | License Plate # (VA) |
|------|-------|-------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Please submit this completed application along with copies of your (a) valid driver's license showing the current address (or change of address card), and (b) a copy of proof of residence such as a recent utility bill or valid lease, and (c) copies of your valid vehicle registration(s). Email application and supporting documentation to kjovanovich@occoquanva.gov.

Once submitted, applications will be reviewed and if determined to be qualified, the resident will be notified. If additional information is needed to verify information, a Town staff person will contact the applicant.

Exceptions must be renewed annually at the time of Vehicle License fee renewal, which occurs by November 20 each year. Any changes to vehicle information must be reported at the time of change to the Town to ensure accurate information in the exception program.

SIGNATURE AND CERTIFICATION

By submitting this form, I certify that the information provided is current and correct to the best of my knowledge and belief. I also acknowledge that the submission of false, inaccurate, or misleading information is a violation of Section 8.01-216.3 of the Code of Virginia and may subject me to penalties under the law.

 Printed Name Signature Date

TOWN USE ONLY
 APPROVED | Expiration Date: _____ **DENIED** | Reason: _____
Town Manager Signature: _____ **Date:** _____