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
□ Other _____

Timed Parking District
Residential Parking Permit Application 2023

Our records indicate you are currently included in the Town's Residential Parking Permit Program allowing exemption from the Timed Parking District. **Annual renewal is required to continue in the program.** Please complete the application below and submit along with your 2023 Vehicle License Fee Application. Please ensure all vehicle information is correct and legible; incorrect information may result in parking tickets. Approved 2023 exemptions are valid until November 15, 2023. Approval/Denial notices will be provided via E-Mail.

NAME: _____ **VA DL#** _____

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

PHONE: _____ **EMAIL:**_____

Select One (1):
1. Do you have off-street parking available to you?
□ 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 residential 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 townmanager@occoquanva.gov. 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:** _____