



Virginia Commonwealth University
 Police Department
 Traffic Division
 (804) 628-2292 / Fax (804) 828-1199



TEMPORARY PARKING PERMIT

NAME: _____

ADDRESS: _____

is hereby granted to park on:

EFFECTIVE DATE AND TIME: _____

EXPIRATION DATE AND TIME: _____

Permit must be displayed in front windshield of vehicle to be parked.

DATE: _____

PERMIT #: _____

**for Colonel John A. Venuti
 CHIEF OF POLICE**

Traffic Division