RESIDENT PERMIT PARKING DISTRICT
VISITOR PASS (RE)ISSUANCE REQUEST

Resident Name_____

RPPD Address_____

Telephone Number _____ Drivers License #_____

My visitor pass for this address in District # _____has been: Lost, Stolen, Other (Please specify)

_____

_____

I am requesting a (re)issuance as indicated above and hereby swear that the above information, to the best of my knowledge, is true. I affirm that all information provided is correct and accurate to the best of my knowledge. I hereby grant authorization to the Virginia Department of Motor Vehicles to release my driver's license information to Fairfax County Department of Transportation for verification purposes.

I understand that according to Section 82-5A-12 of the Code of the County of Fairfax it is unlawful for any person to misrepresent that they are entitled to any pass or permit when they are not and that the fine is $100.

ATTENTION

I UNDERSTAND THAT ANY PREVIOUSLY ISSUED VISITOR PASS IS DEACTIVATED IF REPLACED AND THAT THE POLICE DEPARTMENT RECEIVES INFORMATION ON ALL DEACTIVATED PASSES FOR TICKETING

Sign_____Date_____