TEMPORARY PARKING

Date: _____

Name: _____

Address: _____

Phone Number: _____

Garage vehicle will be parked in (please circle) New Street Garage Johnson Street Garage

Dates vehicle will be parked (from/to):

License Plate Number: _____

Year, color, model/make of vehicle: _____

Email: Morgan Smith, City Manager's Office, smithmc@ci.staunton.va.us
Capt. Brian Brown, PD, brownbk@ci.staunton.va.us
Sgt. Jason McNeal, PD, mcnealjf@ci.staunton.va.us

Signed: _____
(staff)

Revised 4/3/2024