

REPORT OF DISABLED PARKING PLATE/PLACARD VIOLATION

Purpose: Employees, police officers and customers use this form to record information about disabled parking plates/placards violations.
Instructions: Print or type to complete form. Photocopy and file copy. Send completed form to Medical Review Services, DMV Headquarters at the above address or fax to (804) 367-1604 or (804) 367-0520.

PERSON REPORTING VIOLATION				
NAME (last)	(first)	(mi)	(suffix)	TELEPHONE NUMBER
STREET ADDRESS				
CITY		STATE		ZIP CODE

VIOLATION LOCATION
ADDRESS
CITY, TOWN, COUNTY NAME

VIOLATION TYPE
<input type="checkbox"/> MISUSE <input type="checkbox"/> INFORMATION ALTERED/ERASED <input type="checkbox"/> COUNTERFEIT
<input type="checkbox"/> OTHER (Explain)

PLATE/PLACARD INFORMATION			
LICENSE PLATE OR PLACARD NUMBER	EXPIRATION MONTH	EXPIRATION YEAR	
PLATE/PLACARD HOLDER NAME	SEX	BIRTHDATE (mm/dd/yyyy)	

ADDITIONAL INFORMATION
(use reverse side if additional space required)

DMV USE		
CALL RECEIVED BY	TELEPHONE NUMBER	DATE (mm/dd/yyyy)