



Department of Transportation
Division of Parking Management

Special Exemption - Rockville Core Parking

(Note: this form is only for those who do not have access to the online application system)

Name: _____ Date: _____

Department/Organization: _____

Work Location: _____

Title: _____ Grade: _____

Status: ☐ Full/Part Time ☐ Contractor
☐ Temporary ☐ Unpaid Volunteer/Intern**
☐ Board /Commission Member* ☐ Other

* Name of Liaison _____

** End date of Volunteer/Internship position _____

I am requesting to be exempted from the standard criteria used to determine parking assignments. My special circumstance is:

Requesting Access For: EOB* ☐ 255 Rockville Pike ☐
COB ☐ 51 Monroe Street ☐

**May also require CAO approval*

Supervisor's Name: _____

Department Director's Approval: **X** _____

Printed Name and Date: _____

Scan/Email Completed Exemption to rockvillecoreparking@montgomerycountymd.gov
or Fax to 240-777-8730. Note: an application is also required.
For questions call 240-777-8743.