Virgin Islands Territorial Emergency Management Agency

CURFEW PASSES REQUEST FORM

Date: _____

Business/Agency: _____

Business/Agency Address: _____**Phone:**_____

Manager's Name (Printed):_____**Manager's Phone:**_____

Contact Person: _____ **E-mail:**_____

Print Name	Position	Cell Phone of employee	Reason For Pass	Approved/ Disapproved

AGREEMENT: *This pass must be presented with valid picture identification. The holder of this pass agrees to abide by all applicable laws of the U.S. Virgin Islands pertaining to its issuance. This pass is the property of VITEMA and may be revoked at any time by VITEMA and/or by U.S.V.I Law Enforcement Personnel.*

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