

## MOTOR VEHICLE PARKING REGISTRATION FORM

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
BUILDING :		ROOM No.:		DORM:	
TELEPHONE NUMBER:				E-MAIL ADDRESS:	
<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT <input type="checkbox"/> COMMUTER <input type="checkbox"/> RESIDENT				STUDENT/EMPLOYEE I.D. NUMBER:	
DRIVER'S LICENSE NUMBER:		STATE:		EXP. DATE:	
MAKE OF CAR:		MODEL OF CAR:		COLOR OF CAR:	
YEAR OF CAR:		<input type="checkbox"/> 2 DOOR <input type="checkbox"/> 4 DOOR		VEHICLE OWNER'S NAME:	
INSURANCE PROVIDER:		TAG NUMBER:		DECAL NUMBER:	
ISSUED BY:			SECURITY REPRESENTATIVE SIGNATURE:		

**Permit must be displayed clearly from the rearview mirror. Permit number must be visible from the rearview mirror to be valid.**

**This permit serves as permission to park and is not a guarantee of a parking space. Lack of readily available designated parking spaces is not an excuse for violation of any parking regulation.**

**Parking is allowed in designated areas only. Violators will be subject to a \$25.00 fine. Vehicles with no parking permit parked in undesignated parking spaces will be towed.**

**Miles College assumes no responsibility for any vehicle or its contents while it is operated or parked on campus property.**

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS REGARDING THE PARKING DECALS.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**