

Vehicle Registration and Parking Permits

PERSONAL CONTACT INFORMATION		
Name	Affiliation <input type="checkbox"/> Student – Secondary Schools, College, Theological School <input type="checkbox"/> Employee – Faculty, Staff	
Home address	City	State/Zip
Campus address (Box number)	Home phone	Cell phone
Email address	Campus phone	Other phone
Usual parking location		

VEHICLE DESCRIPTION				
Registered Owner(s)	Year	Make	Model	Color
Style <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Hatchback <input type="checkbox"/> SUV <input type="checkbox"/> Wagon <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other				
VIN	License Plate State		Number	
Other Drivers of This Vehicle				

I agree to comply with the Campus Parking Plan and Enforcement Policy.
 Policy is available at <http://www.brynathyn.edu/cpo/security/parking.html>.

Signature _____ Printed Name _____ Date _____

** THIS SECTION TO BE COMPLETED BY SECURITY AND SAFETY DEPARTMENT **				
Sticker Issued	Code/Color	Number	Date	By
Reserved or Restricted Permission				
Notes				