



**THE ACADEMY OF THE NEW CHURCH
CONSOLIDATED PLANT OPERATIONS
SECURITY AND SAFETY DEPARTMENT**

**CAMPUS PARKING STICKER &
VEHICLE REGISTRATION FORM**

STICKER # *:	ISSUED TO:	DATE:	STICKER COLOR *:
HOME ADDRESS:		HOME PHONE:	WORK PHONE:
		CELL PHONE:	OTHER PHONE:
CAMPUS ADDRESS:		EMAIL:	

VEHICLE	MAKE:	MODEL:	YEAR:
COLOR:	STYLE: HATCHBACK SEDAN TRUCK SUV VAN WAGON OTHER	STATE/PROVINCE:	LICENSE PLATE:
REGISTERED OWNER:		REG. COPY RCVD. *: <input type="checkbox"/>	VIN:

REGISTRATION TYPE REQUESTED: STUDENT FACULTY/STAFF OTHER _____
(SEE POLICY FOR DEFINITIONS)

LOTS COMMONLY PARKED IN (OPTIONAL): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 ALL

RESERVED OR RESTRICTED PERMISSION *: _____

_____ SECURITY AND SAFETY MANAGER INITIALS *: _____

NOTES: _____

OTHER DRIVERS OF THIS VEHICLE: _____

I ACKNOWLEDGE RECEIPT OF THE CAMPUS PARKING PLAN AND ENFORCEMENT POLICY, AND I AGREE TO COMPLY WITH IT IN ITS ENTIRETY. I HAVE INCLUDED A PHOTOCOPY OF THE CURRENT STATE/PROVINCE REGISTRATION FOR THIS VEHICLE.

(SIGNATURE)

(DATE)

(PRINTED NAME)

* THESE ITEMS WILL BE COMPLETED BY SECURITY AND SAFETY DEPARTMENT PERSONNEL.