

# Vehicle Parking Registration

|                       |              |
|-----------------------|--------------|
| PARKING PERMIT NUMBER | PERMIT COLOR |
| EXPIRATION DATE       |              |

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| ASSIGNED TO THE FOLLOWING<br>PARKING SPACES OR AREA: |
| Mark "X" if Not Applicable                           |

NAME OF PRIMARY DRIVER \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Dept. \_\_\_\_\_

Telephone(s) \_\_\_\_\_ If No Answer, Call \_\_\_\_\_

MAKE OF VEHICLE \_\_\_\_\_ Model \_\_\_\_\_

Year of Vehicle \_\_\_\_\_ Color(s) \_\_\_\_\_

Current Tag Number \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date Registered \_\_\_\_\_

### NOTICE TO DRIVER

Notify Management if this vehicle is sold. A separate registration must be completed for each different vehicle.