Pfeiffer UNIVERSITY

Vehicle Registration 2016-2017 Form

Decal Number: _____ *** ID #:** _____

*** Name:** _____
First **Middle** **Last**

*** Mailing Address:** _____
Street Address or P.O. Box **City or Town** **State and Zip Code**

*** Campus / Office Address:** _____
Residence Hall / Building **Room Number / Office #** **Extension**

Home Address: _____
Street Address **City** **State** **Zip**

Home Phone Number: ( ) _____

*** License Plate:** _____ _____
Number **State**

*** Registered Owner:** _____ _____
Name **Relationship**

*** Vehicle Make:** _____ *** Vehicle Model:** _____

*** Vehicle Color :** _____ *** Vehicle Body Style:** _____

*** Classification:**
- ☐ **Faculty/Misenheimer**
- ☐ **Staff/Misenheimer**

I certify the above information to be true and correct. I further understand that this permit allows me to park in reserved, or unreserved spaces. Additionally, I understand that parking in "Visitor" or "Handicapped" spaces without proper authorization may result in fines assessed by the Misenheimer Police Department.

***** _____ _____
Signature **Date**

*** - Required Information to process this form**