

MOUNT HOLYOKE

Employee Parking Registration Form

(Please print clearly)

Employee Information

Employee Type:	<input type="checkbox"/>	Regular/Continuing Appointment	Appoint End Date: _____
	<input type="checkbox"/>	One Year/Temporary Appointment	
	<input type="checkbox"/>	Five College Staff	
	<input type="checkbox"/>	Retiree	
	<input type="checkbox"/>	Emeritus	

Name (Last, First, MI) _____		Email username _____	
Department _____	Campus Room/Building _____	Campus Phone _____	
Home Address _____	City _____	State _____	Zip Code _____

Vehicle Information

Vehicle Information (Employees may register up to two vehicles at a time)						Parking Office Use Only
Description of Motor Vehicle(s)						
Year	Make	Model	Color	State	Plate No.	Decal #
Year	Make	Model	Color	State	Plate No.	Decal #

Vehicle Make: _____ Manufacturer (ex.: Ford, Hyundai, Chevrolet)
 Vehicle Model: _____ Make of vehicle (ex: Taurus, Excel, Blazer)

I agree to hereby certify that the facts set forward in this application are true and complete. Also, I agree to maintain liability insurance for the vehicle registered under my name. Further, I understand Financial Services will bill me for the amount of any parking fees or fines assessed by the College in accordance with the current regulations. Payments of all charges except those under appeal are due upon receipt of the bill. I acknowledge I have read and understand the College Vehicle Registration, Parking and Traffic Regulations. Therefore I fully understand that if anything contained in this application is found to be false, I will be subject to the revocation of my parking privileges.

Signature _____ Date _____

◆ Replacement Vehicle Record Update ◆

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