

VEHICLE REGISTRATION

DATE: _____
PERMIT #

FIRST NAME _____

LAST NAME _____

FREDONIA I.D. # F _ _ _ _ _

LICENSE PLATE NUMBER _____

STATE OF LICENSE _____

VEHICLE MAKE _____

VEHICLE TYPE (2 DR, 4DR, SUV...) _____

VEHICLE COLOR _____

YEAR OF VEHICLE _____

LOCAL/CAMPUS ADDRESS _____

LOCAL CITY, STATE, ZIP _____

HOME ADDRESS _____

HOME CITY, STATE, ZIP _____

PLEASE SELECT YOUR CURRENT STATUS

- | | |
|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> College Foundation/Research |
| <input type="checkbox"/> Fr. So. Jr. Sr. Gd. | <input type="checkbox"/> Resident Dorm Director |
| <input type="checkbox"/> CSEA, Council 82, PEF,
PIC, UUP | <input type="checkbox"/> Campus Ministry |
| <input type="checkbox"/> Management Confidential | <input type="checkbox"/> Emeritus/Green Thumb |
| <input type="checkbox"/> Faculty Student Association | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Credit Union, Day Care | |

I do, hereby, affirm that the above information is accurate. I understand that it is my responsibility to review and abide by the State University of New York at Fredonia Parking Regulations and that I am liable for any parking violations that are incurred on the above registered vehicle(s).

Signature

Date