

Lock Haven University Vehicle Registration fill out all information and check appropriate box.
 Administration Manager Health Service Employee
 Faculty Coach
 Staff Temporary Staff anticipated end date
 Resident Director Food Service Employee

Official Use Only	
Issued by	Date
Permit#	

Last Name: **First Name:** **University ID #:**

Driver #: **State:** **Expiration Date:** **E-Mail Address:**

Home Street Address: **Office Building:**

City, State Zip Code: **Office Room #:**

Home Phone #: **Office Phone #:**

#1 Vehicle Year: **Make:** **Model:** **Body Style:** 2door 4door SUV Truck Van N/A

Color/s: **Plate#:** **State:** **Exp. Date:**

Owner/s: **Address:**

#2 Vehicle Year: **Make:** **Model:** **Body Style:** 2door 4door SUV Truck Van N/A

Color/s: **Plate#:** **State:** **Exp. Date:**

Owner/s: **Address:**

#3 Vehicle Year: **Make:** **Model:** **Body Style:** 2door 4door SUV Truck Van N/A

Color/s: **Plate#:** **State:** **Exp. Date:**

Owner/s: **Address:**

#4 Vehicle Year: **Make:** **Model:** **Body Style:** 2door 4door SUV Truck Van N/A

Color/s: **Plate#:** **State:** **Exp. Date:**

Owner/s: **Address:**

I agree to abide by the Lock Haven University Parking Rules and Regulations and accept all responsibility for any parking ticket violations that are issued to the above registered vehicle/vehicles and further agree to satisfy all payment of fines of said violations.

Signature

Date