

WILLIAM & MARY PARKING REGISTRATION FORM (VOLUNTEER)

Office of Parking Services
 201 Ukrop Way
 P. O. Box 8795
 Williamsburg, Virginia 23187-8795
 757-221-4764

The information on this form is both true and accurate. I agree to notify Parking Services if and when any information changes. I will read and agree to abide by the Rules & Regulations. I am receiving no compensation for my work at the college.

The General permit allows parking in faculty/staff areas only, except any space marked 'faculty/staff at all times' or in any space marked 'reserved at all times'.

I VOLUNTEER for: (letter must be on file) \$15 to be paid by Volunteer__ or Department Index _____

DEPARTMENT		Affix Decal Sticker(s) Here
LAST NAME		
FIRST NAME		
DRIVER'S LICENSE NUMBER		
HOME ADDRESS		
CITY, STATE, ZIP		
TELEPHONE #		
EMAIL ADDRESS		

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Please include copy of state vehicle registration for each vehicle you are registering.

PLEASE COMPLETE YOUR VEHICLE INFORMATION. ANY VEHICLE DISPLAYING A HANGTAG MUST BE REGISTERED WITH PARKING SERVICES.

VEHICLE #1					VEHICLE #2				
LICENSE PLATE #					LICENSE PLATE #				
STATE					STATE				
VEHICLE MAKE/MODEL					VEHICLE MAKE/MODEL				
COLOR					COLOR				
YEAR					YEAR				
BODY STYLE (Circle One)					BODY STYLE (Circle One)				
2 Door (Coupe)	Convert	4 Door (Sedan)	Hatchback	Station Wagon	2 Door (Coupe)	Convert	4 Door (Sedan)	Hatchback	Station Wagon
SUV or Crossover	Van	Truck	Motorcycle or Moped		SUV or Crossover	Van	Truck	Motorcycle or Moped	

SIGNATURE _____

DATE _____