

PLEASE PRINT LEGIBLY

Permit # _____
Full Year \$100.00

E-mail: _____
Date: _____

**Bates College
Student Motor Vehicle Registration**

Name: _____ Class _____ Box# _____

Residence Hall: _____ Room#: _____ Cell Phone: _____

Off-Campus Address if Applicable: _____

License Plate: _____ State: _____ Make: _____

Model: _____ Year: _____ Color: _____

Note: I have received, read and become familiar with the Bates College Parking Regulations as stated on the back of the Bates College Parking map. Violation of said regulations may result in fines and/or being towed AND parking privileges being revoked.

Signature

Please place permit in LOWER RIGHT HAND corner of rear driver's side window

Bates ID Number _____

Date of Issue: _____