PLEASE PRINT LEGIBLY

Permit # _____ E-mail: _____
Full Year $100.00 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: _____