

**PLEASE PRINT LEGIBLY**

Permit # \_\_\_\_\_  
Full Year \$100.00

Email: \_\_\_\_\_  
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. As a permit holder, I understand that I must park in campus lots.**

\_\_\_\_\_

*Signature*

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

Bates ID Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_