

VEHICLE REGISTRATION FORM
LCSC PARKING PERMIT
parking@lcmail.lcsc.edu

Permit# _____

Please Print
Last Name

First

MI

Fee \$ _____ New Permit [] 2 nd Vehicle [] Replacement []	Local Address _____ City _____ State _____ Zip _____ Vehicle License Plate Number _____ State _____ Make _____ Model _____ Vehicle Year _____ Color _____ Local Phone# _____ ID# _____ Email Address _____@lcmail.lcsc.edu
LCSC Faculty/Staff [] LCSC Student [] Resident Hall []	<p><i>I have read and agree to comply with the LCSC Parking Regulations which are found at www.lcsc.edu/security. I understand that any lack of familiarity with them does not constitute a defense for non-compliance. LCSC Parking Regulations require the decal to be affixed <u>directly</u> to the lower left inside corner of the windshield on the vehicle it is registered to. There will not be any refunds for purchased permits.</i></p>

Signature

Date

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