

VEHICLE REGISTRATION FORM

LCSC PARKING PERMIT

parking@lcmail.lcsc.edu

Permit # _____

Please Print
Last Name

First

MI

Fee \$ _____

Local Address _____

City _____ State _____ Zip _____

New Permit []

Vehicle License

Plate Number _____ State _____

2nd Vehicle []

Make _____ Model _____

Vehicle Year _____ Color _____

Replacement []

Local Phone# _____ Warrior ID# _____

Email Address _____@lcmail.lcsc.edu

LCSC Faculty/Staff []

LCSC Student []

OTHER []

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 directly 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.

Signature

Date

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