

WILLIAM & MARY
Osher Institute Parking Registration Form

Send completed form with a self-addressed, stamped envelope and a check for \$12 made payable to "William & Mary" to this address. ⇨

Office of Parking Services
 201 Ukrop Way
 PO Box 8795
 Williamsburg, Virginia 23187-8795
 (757) 221-4764

Last Name		FOR PARKING SERVICES USE ONLY Attach Label Here
First Name		
Driver's License Number		
Home Address		
City, State, Zip		
Telephone #		
E-Mail Address		

Handicap Tag (Fill in if applicable)

State ADA Placard #	
Issue Date	
Expiration Date	

Please complete your vehicle information. Any vehicle displaying a hangtag must be registered.

VEHICLE #1								VEHICLE #2											
LICENSE PLATE #								LICENSE PLATE #											
STATE								STATE											
VEHICLE MAKE								VEHICLE MAKE											
COLOR								COLOR											
YEAR								YEAR											
BODY STYLE								BODY STYLE											
	2D		3D		4D		SW		Convert		2D		3D		4D		SW		Convert
	Truck		SUV		Van		Motorcycle		Truck		SUV		Van		Motorcycle				

All Virginia licensed drivers must carry the minimum insurance requirements on their vehicle. Your signature below certifies that you possess the minimum coverage as set forth by VA DMV.

The information on this form is both true and accurate. I agree to notify Parking Services if and when any information changes. I have read and agree to abide by the Campus Parking Rules and Regulations.

SIGNATURE _____

DATE _____