**WILLIAM & MARY PARKING REGISTRATION FORM (VISITING SCHOLAR)**

**Office of Parking Services**

**201 Ukrop Way**

**P. O. Box 8795**

**Williamsburg, Virginia 23187-8795**

**757 221-4764 FAX 757 221-4625**

**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 & Regulations.**

**The Visiting Scholar permit allows parking in faculty/staff areas only, except any space marked ‘faculty/staff at all times’ or in any space marked ‘reserved at all times’.**

**I am sponsored by: (attach copy of Department Justification letter)**

|  |  |  |
| --- | --- | --- |
| **LAST NAME** |  | **Attach Label Here** |
| **FIRST NAME** |  |
| **DRIVER’S LICENSE #** |  |
| **HOME ADDRESS** |  |
| **CITY, STATE, ZIP** |  |
| **TELEPHONE #** |  |
| **EMAIL ADDRESS** |  |

***ADA/Accessibility***

|  |  |
| --- | --- |
| **STATE ADA PLACARD #** |  |
| **ISSUE DATE** |  |
| **EXPIRATION DATE** |  |

***Method of Payment***

|  |  |
| --- | --- |
|  | **VISA/MC/AMEX/DISC (Circle One)** |
|  | **CHECK** | **CHECK #** |  |
|  | **CASH** |

*PLEASE COMPLETE YOUR VEHICLE INFORMATION. ANY VEHICLE DISPLAYING A HANGTAG MUST BE REGISTERED WITH PARKING SERVICES.*

|  |  |
| --- | --- |
| **VEHICLE #1** | **VEHICLE #2** |
| **LICENSE PLATE #**  |  | **LICENSE PLATE #** |  |
| **STATE** |  | **STATE** |  |
| **VEHICLE MAKE/MODEL** |  | **VEHICLE MAKE/MODEL** |  |
| **COLOR** |  | **COLOR** |  |
| **YEAR** |  | **YEAR** |  |
| **BODY STYLE (Circle One)** | **BODY STYLE (Circle One)** |
| **2 Door****(Coupe)** | **Convert** | **4 Door****(Sedan)** | **Hatchback** | **Station Wagon** | **2 Door****(Coupe)** | **Convert** | **4 Door****(Sedan)** | **Hatchback** | **Station Wagon** |
| **SUV or Crossover** | **Van** | **Truck** | **Motorcycle or Moped** | **SUV or Crossover** | **Van** | **Truck** | **Motorcycle or Moped** |

**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.**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**\_\_