

NUMBER: DATE ENTERED:

## **VEHICLE REGISTRATION FORM**

	COMMONS		FACULTY AND STAFF			
CENTENNIAL COURT			RESERVED			
	CIMARRON		COMMUTER			
YOUNG HALL			VENDOR			
	SCHOLARS		VISITOR			
DDINIT INICODA 4.4	ATION DI EASE	DECIDENTIAL /	DEDCOMAL INTO	DRAATION		
<u>PRINT INFORM</u>	ATION PLEASE	<u>KESIDENTIAL/</u>	PERSONAL INFO	<u>JKIVIAI IUN</u>		
Driver's Name:						
			State: Zip Code:			
			State:			
VEHICLE INFORMATION						
<u>YEAR</u>	<u>MAKE</u>	MODEL	PLATE#	<u>STATE</u>	COLOR	<u>NOTE</u>
VIN#						
HANDICAP PLACARD#			STATE:			
INSURANCE COMPANY INFORMATION						
INSURANCE COMPANY NAME:						
EFFECTIVE DATE		EXPIRATION DA	ATE:			
POLICY NUMBER	K:					
l		, received a copy	of the Langstor	university Police	Department rule	s and regulations,
and agree to abio	de by the rules and	d regulations printed.				
Oriver Signature: Date:						
Issuer Signature:				Date:		
		Below table is	to be complete	ed by LUPD		
			AL INEOPMATIO			

BY WHOM: