

# PARKING AND TRANSPORTATION

## 2017-18 RETIREE PARKING REGISTRATION

### Personal Information (please print)

Hokie Passport No. \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### Vehicle Information

	License Plate	State	Vehicle Make	Vehicle Model	Color	Year
Vehicle #1						
Vehicle #2						
Vehicle #3						

I understand that I am responsible for obtaining and familiarizing myself with Virginia Tech's Parking Rules & Regulations, and by my signature below agree to abide by them. I also understand that I am responsible for any fines or fees associated with this permit or the vehicle to which it is attached, and that non-payment of any fines or fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Permit Number _____	Date Received _____	Date Issued _____
\$5 Replacement _____	Cashier Initials _____	