

BOPS USE ONLY
Sticker number:

On-Site Parking Faculty (Full-time and Part-time)

Name:							
Last		First					
Address:							
Street			City/Town		State	e ZIP	
College Dept.:	Dept.: Office Extension:			Cell Number:			
ON-SITE PARKING							
Vehicle Informat	ion:						
Year	Make	Model	Color		Lic. Plate/State	Vehicle Owner (Y/N)	
If you are not the registered owner of a vehicle, list the owner name and address below:							
Name	Address	C	ity	State	2	Zip	
I agree to abide to Commonwealth of posted signs, per the property own understand my fainternal sanctions College. I understand that vehicles or their of	of Massachusetts manent and tempher. I understand ailure to abide by s, including discip	when ope oorary, and that unaut parking an linary action	rating a motor d cooperate fu thorized vehic nd traffic laws, on and/or loss	vehicle or lly with dir les may be regulation of parking	n campus. I will a rections issued by towed by the properties of as, and policies of g privileges, as de	edhere to all y the College and coperty owner. I hay result in termined by the	
Signature:				Dat	te:		