



Cambridge College

BOPS USE ONLY

Sticker number: _____

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

Name: _____
Last First

Address: _____
Street City/Town State ZIP

College Dept.: _____ Office Extension: _____ Cell Number: _____

ON-SITE PARKING

Vehicle Information:

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	City	State	Zip

I agree to abide by all parking and traffic laws, regulations, and policies of Cambridge College and the Commonwealth of Massachusetts when operating a motor vehicle on campus. I will adhere to all posted signs, permanent and temporary, and cooperate fully with directions issued by the College and the property owner. I understand that unauthorized vehicles may be towed by the property owner. I understand my failure to abide by parking and traffic laws, regulations, and policies may result in internal sanctions, including disciplinary action and/or loss of parking privileges, as determined by the College.

I understand that neither Cambridge College nor the property owner bears any responsibility for vehicles or their contents.

Signature: _____ Date: _____