

**BOWDOIN COLLEGE SECURITY
FACULTY/STAFF VEHICLE REGISTRATION**

Name

Last		First	MI
Campus Phone #	Faculty/Staff-Dept.		ID Number

HOME ADDRESS:

Street	City	State
Zip Code	Home Phone #	Cell Phone #

VEHICLE INFORMATION

License Plate #	State	Type of Plate	Make	Model	Year	Color
1.						
2.						
3.						
4.						
5.						
6.						

Insurance Company Name	Policy Number
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I understand that the motor vehicles registered in my name are subject to being towed at my expense when found in violation of the Bowdoin College Motor Vehicle Rules and Regulations. I have received and read a summary of the Bowdoin College Motor Vehicle Rules and Regulations.

Signature _____
Date

Verified by _____
Date

Decal #

1.	2.	3.	4.	5.	6.
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Decal Color: Blue

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