

**STETSON UNIVERSITY
FACULTY/STAFF VEHICLE REGISTRATION**

Please Print Clearly

Name _____
 Stetson ID# _____ Driver's License# _____
 Cell Phone _____ Home Phone _____ Campus Phone _____
 Department _____
 Address _____
 City _____ State _____ Zip _____

DECALS
V1
V2
V3
V4

Vehicle 1
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____

Vehicle 2
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____

Vehicle 3
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____

Vehicle 4
Make _____
Model _____
Color _____
Year _____
Tag _____
State _____

DECAL

DECAL

DECAL

DECAL

All Faculty/Staff must read and acknowledge by signature below

I certify that the information I have provided on this form is correct and that the above registered motor vehicle(s) is either owned or leased by me or an immediate member of my family. I further understand that should any of the registration information change, I will notify Public Safety of these changes by the next business day. In addition, I understand and agree to abide by all traffic rules and regulations as provided in the current *Stetson University Parking Rules and Regulations*. I understand that I have the right to appeal any University citation issued to me within 10 days of the infraction by filing a notice to appeal with the Director of Public Safety. After passage of the 10 day period without notice of appeal or denial of the appeal, I hereby authorize Stetson University to deduct the citation amount from my paycheck. My initials here indicate I have read and understand this provision _____.

Parking in a Fire Lane or other area that interferes with the safety on campus or repeated violations will subject the vehicle to being booted or towed at the owner's expense.

DATE _____

SIGNATURE _____

Revised 6/15