

Tufts Shared Services, Inc. Parking Registration

Name (Last) _____ (First) _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell phone # _____

Company (Check One): TMC TMC-PO University Other

Position _____ Department _____ Ext. _____

VEHICLE INFORMATION

1. _____
Make Color Plate # Reg. State

2. _____
Make Color Plate # Reg. State

3. _____
Make Color Plate # Reg. State

4. _____
Make Color Plate # Reg. State

Office Use Only

Daily Monthly Student

Lot # _____

Keycard # _____

Keycard # _____

Sticker #1 _____

Sticker #2 _____

Sticker #3 _____

Sticker #4 _____

By signing below, I acknowledge that I have received, read and understand the rules and regulations outlined in the Tufts Shared Service Parking Policy and Procedures Handout. I also understand that any falsification of information or use of my parking decal(s) or keycard by anyone else may result in revocation of my parking privileges.

Signature _____

Date _____