



VEHICLE REGISTRATION FORM

CHECK ONE: STAFF PROVIDER VOLUNTEER OTHER

Last Name:

First Name:

Department:

Employee ID#:

VEHICLE #1

License Plate #:

State:

Year:

Make:

Model:

Color:

VEHICLE #2

License Plate #:

State:

Year:

Make:

Model:

Color:

VEHICLE #3

License Plate #:

State:

Year:

Make:

Model:

Color:

The parking permit issued to you by Saint Mary's Hospital is unique to your vehicle(s) and must not be transferred to co-workers, visitors, or any vehicles not registered by you with the Hospital. No more than three vehicles may be registered. You can receive up to two cling tags at no charge. There is a ten-dollar (\$10) charge per cling tag thereafter regardless of the reason. Your parking permit is to be displayed in the lower left corner of the rear window. If the rear window is tinted the permit must be displayed on the lower left front windshield.

By signing, I acknowledge that I may reference the employee Parking Policy at anytime via the Policy Management System. I also acknowledge that I am responsible for reading the policy, abiding by all parking regulations and understanding the consequences that will occur if I am in violation of the stated regulations. I understand the issuance of this permit entitles me to park, as assigned, in designated staff, providers or volunteer parking on SMH property as identified in the Parking Policy. I understand that it is my responsibility to promptly notify Security of any change in the information provided on this form.

My typed name below shall have the same force and effect as my written signature:

Colleague Signature

Date

HUMAN RESOURCES/SECURITY DEPARTMENT USE ONLY:

Parking Permit ID #:

Number of tags issued:

Date: