Northeastern Illinois University

VEHICLE REGISTRATION

All Information Must Be Typed Or Printed

DECAL NUMBER _____

Office Use Only

Type: ☐ L1 ☐ L2 ☐ L3 Issue DT_____

Lot/Receipt Number_____ Expire Date _____

Univ Class/ Status: ☐ STUD ☐ EMP ☐ STAF ☐ PTIN

☐ VEND ☐ WTTW ☐ CICS ☐ OT

Expiration Code SEMESTER_____ FALL/SPRING_____ YRLY_____ CONT_____

Station/Issued By Init_____

Issue Amount_____ Amount Paid_____

Vehicle Information: For Permit/Owner Section:

License Plate Number_____ State_____

Make_____ Model _____ Body/Doors_____ Color_____

Drivers License Number_____

Operator Information:

Name_____
(Last) (First) (MI)

Address of Operator_____

_____
City State Zip

Contact Phone (_____)_____ Student or Employee ID#_____

I have been advised of the parking rules and regulations **and I agree to abide by them**.

_____ _____
Signature Date

08/08