

**SAINT JOSEPH'S COLLEGE OF MAINE VEHICLE REGISTRATION FORM**

*FACULTY/STAFF INFORMATION*

Operator Name: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Department: \_\_\_\_\_ Office: \_\_\_\_\_  
Campus Phone: \_\_\_\_\_ FAC / STAFF/ CONTRACT

School Year : **2007-2008**

Decal Color : \_\_\_\_\_

Decal Number : \_\_\_\_\_

*VEHICLE INFORMATION*

Lic. Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Plate Type: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Type: \_\_\_\_\_

*OPERATOR HOME ADDRESS & CONTACT INFORMATION*

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Contact: \_\_\_\_\_

*RELEASE FORM*

I, the undersigned, hereby release and hold harmless St Joseph's College, the Campus Security Department, and its employees from any and all liabilities resulting from towing, jump starting, or immobilization of the above listed vehicle.

I certify that I have been furnished with a copy of the campus motor vehicle regulations and understand that the operation of a motor vehicle on campus is a privilege that may be revoked at any time for cause. I further understand that if my privilege to operate a motor vehicle on campus is suspended or revoked, the registered vehicle must be removed from the property located at 278 Whites Bridge Rd, Standish, ME, 04084.

\_\_\_\_\_  
Operator Signature

Date Issued: \_\_\_ / \_\_\_ / \_\_\_ Issued By (Initials): \_\_\_\_\_