PARKING PERMIT INFORMATION FORM

Please complete the following information in order to obtain a UMBC parking permit.

Campus ID #   _____

Last Name   _____

First Name   _____

Email   _____

Cell Phone   _____

Address   _____

                _____

City   _____

State   _____

Zip Code   _____

Vehicle Information:

State   _____   License Plate _____

Plate Exp Month _____   Plate Exp Year _____

Vehicle Make _____   Vehicle Model _____

Style (2 door, 4 door, SUV, truck, van) _____

Vehicle Color _____   Vehicle Year _____

Are You the Vehicle Owner   Yes _____   No_____