



SPARTANBURG METHODIST COLLEGE

VEHICLE REGISTRATION FORM

CHECK TYPE OF DECAL: ( ) Faculty ( ) Staff

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE (cell) \_\_\_\_\_

VEHICLE INFORMATION:

Year: \_\_\_\_\_ Make and Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

- I understand that if my vehicle is obstructing traffic, blocking a fire hydrant, trash container, or parked in a fire lane it will be subject to towing at my expense.
- I understand that the College reserves the right to search vehicles on campus for the purpose of safety, maintenance, legal, or emergency situations.
- SMC is not responsible for any damage to vehicles while parked on this campus.
- If I change vehicles or obtain a new license plate at any time during the year, I will notify the Campus Safety Department to update my information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| FOR OFFICE USE ONLY:                             |
| ACADEMIC YEAR: _____                             |
| DECAL NUMBER: _____ Issued by: _____ Date: _____ |