

# CLARK UNIVERSITY POLICE

## 2009 - 2010 APPLICATION FOR MOTOR VEHICLE PARKING DECAL

Please Type or Print Clearly

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or P.O. Box

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Clark Univ. Address \_\_\_\_\_  
Residence Hall or Street

Clark Univ. Box Number \_\_\_\_\_

Phone Number \_\_\_\_\_  
Clark Univ. Number

Home Number \_\_\_\_\_

Work Number \_\_\_\_\_

Check one and fill in blank where indicated

\_\_\_\_ Faculty Department \_\_\_\_\_

\_\_\_\_ Staff Department \_\_\_\_\_

\_\_\_\_ Graduate Student Department \_\_\_\_\_

\_\_\_\_ Undergraduate Day Student ( \_\_Fr. \_\_So. \_\_Jr. \_\_Sr.)  
 \_\_\_\_ Resident \_\_\_\_Commuter

\_\_\_\_ COPACE Student

\_\_\_\_ Trustee

**FOR OFFICE USE ONLY**

DECAL#

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Lot \_\_\_\_\_

Cost \_\_\_\_\_ CK\_\_\_\_ CA\_\_\_\_ M.O.\_\_\_\_ C.C.\_\_\_\_ S.A.\_\_\_\_

M\_\_\_\_ CM\_\_\_\_ R\_\_\_\_

Nonresident number \_\_\_\_\_

Type of Decal Required (check one):

1. \_\_\_\_Commuter (Parking 7 A.M. - Midnight)

2. \_\_\_\_Garage (24 Hr. Parking)

3. \_\_\_\_24-hour Outdoor Lot (24-hour parking)

\_\_\_\_ 75 Florence Street

\_\_\_\_ 2 Downing Street

\_\_\_\_ Birch Street

4. \_\_\_\_Service Vehicle

Please check map for locations of these parking lots.

**ALL PARKING ON CLARK UNIVERSITY PROPERTY IS AT THE VEHICLE OWNER'S RISK. CLARK UNIVERSITY IS NOT RESPONSIBLE FOR LOST OR DAMAGED PROPERTY.**

License Plate Number

State

Make of Vehicle

Model

Color

Year

Signature

Date