

# *DePaul University*

## *Area Resident*

**FOR OFFICE USE ONLY:**

DATE:

SOLD BY:

DECAL #

**DRIVER REGISTRATION:**

LAST NAME:

FIRST NAME:

M.I.

**PERMANENT ADDRESS:**

STREET ADDRESS:

UNIT NO: (IF APPLICABLE)

PHONE:

CELL PHONE:

**VEHICLE REGISTRATION:**

LICENSE PLATE:

AUTO STATE:

MAKE:

AUTO YEAR:

MODEL:

AUTO COLOR:

EMAIL:

ACCESS CARD #

**AGREEMENT:** The undersigned acknowledges receipt of a copy of the DePaul Parking Regulations Academic Year 2017/2018 and Parking Regulations Neighborhood Parking Program 2017/2018 and agrees to abide by them. In exchange for parking privileges and permission to operate a motor vehicle on the University Campus, the undersigned agrees:

(1) that DePaul University may cause any vehicle parked in violation of its parking regulations to be towed to a place determined by it,

(2) and to pay the cost of towing the vehicle.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_