

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 2020/2021 and Parking Regulations Neighborhood Parking Program 2020/2021 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 _____