THE OHIO STATE UNIVERSITY AT LIMA, RHODES STATE COLLEGE
*STUDENT VEHICLE REGISTRATION FORM*

STUDENT NAME: ________________________________

STREET ADDRESS: ________________________________

CITY: ______________ STATE: __________ ZIP: __________

TEL NO: (HOME) __________ __________ __________

CELL NO: __________ __________ __________

DATE OF BIRTH: __________ / __________ / __________

VEH MAKE: ____________________________ MODEL: ____________________________

YEAR: __________ COLOR: ____________________________

VEH LICENSE NO: ____________________________ STATE: __________

OWNER NAME: (IF NOT STUDENT) ____________________________

OWNER STREET ADDRESS: ____________________________

CITY: ______________ STATE: __________ ZIP: __________

TEL NO: (HOME) __________ __________ __________

COLLEGE ATTENDING:

OSU-LIMA: _______ RHODES STATE: _______

NOTE: DISPLAY OF DECAL IS REQUIRED TO PARK IN LIMA CAMPUS PARKING LOTS.

AFFIX DECAL TO LOWER RIGHT (PASSENGER) SIDE OF FRONT WINDSHIELD.

Office use Only

DECAL NO: __________

DATE ISSUED: __________