



WVSOM Parking Permit Application

Name: _____

Staff Student Faculty RCB Clinic

*If this is for a replacement permit please check box

Class of _____

License Plate Number: _____

State: _____ Year: _____

Make: _____

Model: _____

Color: _____

By completing this form, you agree to comply with WVSOM's Parking Rules and Regulations and assume financial responsibility for any fees assessed against any vehicle you operate on campus. Parking permits are not transferrable. If this permit is lost please notify the Physical Plant immediately for replacement.

Signature of Applicant

Date

For Office Use Only:

Issuer: _____ Permit Number: _____ Date Issued: ____/____/____

Notes: _____