Please be patient after submitting the form as it may take time to process. You will receive a notice that an email has been sent.

THE UNIVERSITY OF SOUTHERN MISSISSIPPI PARKING AND TRANSIT SERVICES Departmental Restricted Vehicle Permit Registration

DUBARD SCHOOL - Visitors Only

PRINT ALL INFORMATION CLEARLY!

Owner is responsible for citations issued due to incorrect information entered into system because of illegibility.

Full Name				
First	Middle	La	st	
Mailing Address Street		City	State	Zip Code
Cell/Home Phone				
Email Address				
License Plate#		State		
If Tag is Specialized, note type	Example: Disabled; Choose Life;	National Guard, etc.		
Make Moreolet, Honda, etc	odel Style Rav 4, S10, Civic, etc 4	-door, SUV, Truck, etc	Color	
VIN# (Required only if license pla Note: Permit will be valid for 1		•	er within th	at period.
If vehicle requires disabled	l parking – please attach	a copy front/bac	k of placard	or tag registration.
	enter lot (Commuter), ive (Faculty/Staff) and /www.usm.edu/parki	l Fraternity Drive	e (Open Zo	ne)
I agree to abide by The Universunderstand that I will be responsesult in my vehicle being boottrue and correct to the best of	onsible for all fees and fi ted and/or towed. I cert	nes, and that exce	essive parki	ng violations can
Signature			Date	<u> </u>
*	False/Inaccurate information	will result in a \$50 fin	e*	
DO NO	T WRITE BELOW THIS LIN	NE- FOR OFFICE US	SE ONLY	
Kri	sti McGee 6.5223 Kri	sti.Jefcoats@usm	.edu	
EXP. DATE <u>7/31/2021</u> ISSUED	D BY Re	estricted#		
Check Box if New Veh	nicle Information ONLY – Belinda.Patterson@usm.			nal permit
ISSUED BY: PTS/DUBARD SCHO	DOL	DATE ISSUED		