

**Parking Contract**

College of the Atlantic 2019-2020

I, \_\_\_\_\_ have received a copy of and read the parking management plan and viewed the campus parking map, and I fully understand where I am allowed to park my vehicle on the campus of the College of the Atlantic.

I understand that I am completely responsible for my vehicle and its involvement in any destruction of the campus landscape.

I understand the consequences that will result from a violation of the policy. I am aware that if I park in undesignated locations, the third offense will result in my car being towed.

If I am in need of a special access permit, I will inform the Office of Public Safety and will be provided one as is necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_  
(i.e. student, staff, faculty, trustee, other)

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Fuel Type: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

How often will you drive your car to campus? \_\_\_\_\_

How many miles from campus do you live? \_\_\_\_\_ miles