



Motor Vehicle Registration Form

Demographic Information:

Name _____ Employee ID _____
 Department _____ Supervisor _____
 Primary Work Location/Bldg. _____ Phone/Extension _____
 Mail Location _____ Parking Assignment _____

Vehicle Information:

Add License Plate # _____ State _____ Color _____
 Update Make & Model _____ Year _____
 Remove Parking Decal # _____

Vehicle Information:

Add License Plate # _____ State _____ Color _____
 Update Make & Model _____ Year _____
 Remove Parking Decal # _____

Vehicle Information:

Add License Plate # _____ State _____ Color _____
 Update Make & Model _____ Year _____
 Remove Parking Decal # _____

I agree to abide by all Cincinnati Children's Hospital Medical Center parking regulations, and to follow all posted signs. I agree to park in my assigned location when coming to work. I also understand that the information provided is to be used by Protective Services for the purpose of identifying my vehicle, and in the event that a violation of regulations or posted rules as set forth in policy occurs, I will be responsible for all citations issued to my decal(s) and agree to payroll deductions as set forth in CCHMC Policy 14 – Parking.

Signature _____ Date _____