

Memphis College of Art

Campus Safety Department

Motorized Vehicle & Bicycle Registration Form

Name: _____ Phone Number: _____

Email: _____

On Campus Address: _____ Room Number: _____

or

Off Campus Address: _____

Vehicle: Car Bike Motorcycle Other: _____

Make: _____ Model: _____

Year: _____ Color: _____ Doors: _____

License Plate / Bike Serial Number: _____ State: _____

Note: I have received, read and understood MCA Parking Regulations. Violation of said regulations may result in fines and/ or being towed AND parking privileges being revoked. Falsification of any information on this document will result in disciplinary action by the Department or Student Affairs.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please place Permit on REARVIEW MIRROR when on MCA property.

MCA Personnel to Complete:

Parking Permit Number: _____ MCAID Number: _____

Bicycle Lock Number: _____