## Lakeland College Faculty/Staff Vehicle Registration Application

(Please Print All Information)

Name:				
(Last)	(First)		(M.I.)	
Home Address:				
Phone Number:				
	(Cell)		(School Ext. #)	
Description of Vehicle				
Year: Make:	Model:	Color:	State:	
License Plate No:				
Second Vehicle if Needed				
Year: Make:	Model:	Color:	State:	
License Plate No:				
I hereby certify that the above in	formation is correct to the	best of my knowle	dge.	
Signature			 Date	