

# POTOMAC HOSPITAL PARKING REGISTRATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Dept Phone #: \_\_\_\_\_

Car # 1

Make of Car: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Car # 2

Make of Car: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Please Complete the following section *only* if you are updating your vehicle information

**Check All That Apply:**

Additional Vehicle: \_\_\_\_\_ Replacement Vehicle: \_\_\_\_\_ New License Plates: \_\_\_\_\_ Needs New Permit: \_\_\_\_\_

**Provide all applicable Information:**

Make of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Replaces (if applicable): \_\_\_\_\_