



**ELECTRIC VEHICLE CHARGING STATION & PARKING REGISTRATION FORM**

(PLEASE PRINT)  
Parking Lot \_\_\_\_\_ Permit No \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
DO NOT WRITE ABOVE THE LINE

NAME \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Employee ID No \_\_\_\_\_ Student ID No \_\_\_\_\_

Local Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Campus Dept/Bldg \_\_\_\_\_ Room No \_\_\_\_\_

Office Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Year, Make, & Model of Electric Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

EV License Plate No. \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

Electric Vehicle VIN# \_\_\_\_\_

\*Please provide a copy of your Vehicle Registration with this form.

Name of Registered Owner of Vehicle (if different than above) \_\_\_\_\_

Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_

I agree to abide by all of New Jersey City University's Parking Regulations, and the Electric Vehicle Charging Station Usage Policy. The information given is true to the best of my knowledge.

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