

Rhodes State College/The Ohio State University at Lima

Vehicle Registration

Name: _____

Street Address: _____

City: _____ Zip: _____ Telephone #: _____

DOB: _____ Vehicle License #: _____

Vehicle Make: _____ Vehicle Owner's Name: _____

Owners Address: _____ Telephone #: _____

Student or Staff: _____

Office Use Only:

Decal No: _____ Date Issued: _____

Return completed form to the Campus Safety and Security Department in Tech. Lab Room 140B