

POLICE SERVICE  
VA MEDICAL CENTER  
HUNTINGTON, WV 25704

PARKING REGISTRATION

INFORMATION IS REQUESTED TO UPDATE PARKING INFORMATION OR ISSUING OF NEW PARKING PERMITS. PLEASE PRINT LEGIBLY.

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

(Last 4) Social Security Number: \_\_\_\_\_

FEMALE [ ] MALE [ ] DATE OF APPLICATION: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUING LICENSE: \_\_\_\_\_

ASSIGNED SERVICE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

License Tag #	State	Make	Model	Color	Year

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DECAL #	ISSUE DATE	LOST/STOLEN/ETC. DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____