

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR DEPARTMENT MANAGER

Princeton HealthCare System
VEHICLE REGISTRATION FORM

OPERATOR INFORMATION

Name: _____ Title: _____
Department: _____ Supervisor: _____
Facility: _____ Shift Normally Worked: _____
Telephone: _____ Ext: _____ Beeper: _____
Employee # _____ Date of Hire _____

VEHICLE INFORMATION

License Plate No: _____ State: _____
Make: _____
Model: _____
Year: _____
Color: _____
Decal No.: _____
Decal Letter: _____
Lot Location _____

SECURITY DEPARTMENT
USE ONLY

Card No: _____
Issue Date: _____

Notice to Vehicle Operator

Parking decal's must be displayed in the back window of the vehicle on the driver's side. The decal must be visible. Any loss of or damage to the parking decal and/or access card must be reported to the Security Department immediately. There is a \$15.00 charge for the replacement of lost access cards.

Receipt of a parking decal and/or access card does not guarantee the availability of parking. It is the operator's responsibility to obey all parking regulations and posted signs.

Vehicles parked in any Princeton HealthCare System parking facility must be properly locked. Princeton HealthCare System is not liable for any loss of or damage to vehicles or their contents while parked in any facility. The vehicle operator assumes any and all liability for any loss of or damage to vehicles or their contents while parked in any Princeton HealthCare System parking facility.

The vehicle operator must notify the Security Department if any of the operator or vehicle information on this form changes.

My signature below acknowledges that I have read and understand the above "Notice to Vehicle Operator." My signature further authorizes the Princeton HealthCare System to collect via payroll deduction any charges for replacement of access cards, which I may incur during my employment.

Signature: _____ **Date:** _____