



Parking Decal Application

PLEASE COMPLETE ALL INFORMATION

All cars parked on campus must have a valid decal

(OFFICE USE ONLY) Decal Number _____

Applicant Information

Vehicle Information

Name: _____
(Last) (First)

Make & Model of Car

Student (Mercer ID) _____

Employee (Dept.) _____

License Plate Number

State

Contact Number _____

I AGREE TO ABIDE BY ALL MERCER UNIVERSITY TRAFFIC RULES AND REGULATIONS WHILE ON CAMPUS.

DATE _____ SIGN _____