



CENTRAL OREGON  
community college

**COCC Safety and Security**

Phone: (541) 383-7272

FAX No: (541) 317-3074

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## VEHICLE REGISTRATION FORM

Please provide the following contact information:

Name: \_\_\_\_\_

COCC ID#: \_\_\_\_\_

### Vehicle 1

License Plate: \_\_\_\_\_

State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

### Vehicle 2

License Plate: \_\_\_\_\_

State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

### INSTRUCTIONS:

Please fill out and print this page and **return form to Safety and Security Office, Boyle Education Center, Room 142**

**Central Oregon Community College**

2600 NW College Way

Bend, Oregon 97701