**Visitor Parking Information**

Please email below info to [COBIGradPrograms@utoledo.edu](mailto:COBIGradPrograms@utoledo.edu) for parking registration.

|  |  |
| --- | --- |
| **First & Last Name:** |  |
| **Day Time Phone #:** |  |
| **Email Address:** |  |
| **Vehicle Make:** |  |
| **Vehicle Model:** |  |
| **Vehicle Year:** |  |
| **License Plate Number:** |  |
| **License Plate State:** |  |
| **Vehicle Color:** |  |
| **Is the license plate a handicapped plate?**  **(Yes or No)** |  |