**Visitor Parking Information**

Please email below info to 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)** |  |