

**CCHS - VEHICLE REGISTRATION  
2015-2016**

**Employee Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**Permit Number** \_\_\_\_\_

**PLEASE FILL OUT THE FORM BELOW AND RETURN IT TO SHARON IN THE MAIN OFFICE.**

Employee Name \_\_\_\_\_

Employee Telephone Number \_\_\_\_\_

**VEHICLE DESCRIPTION**

Car #1

Car #2

License Plate # \_\_\_\_\_

License Plate # \_\_\_\_\_

Make of Car \_\_\_\_\_

Make of Car \_\_\_\_\_

Model of Car \_\_\_\_\_

Model of Car \_\_\_\_\_

Color of Car \_\_\_\_\_

Color of Car \_\_\_\_\_

*Please return this form to Sharon in the Main Office*