ICCM Parking Registration – Spring 2023

Note: All fields are required and need	d to be filled in.	
First Name: Last Name: Email Address: Confirm Email Address:		
Phone Number: Street Address:		
City	State	Zip Code:
Driver License Number: Issuing State: Driver License Expiration Date:		
Car Make and Model: Car Year: Car Color:		
License Plate Number:		
Please read this information and chec	ck I AGREE:	
Missouri assumes no responsibility or	r liability for vehicles parke	ng, and that the Islamic Center of Centra d on its premises or personal injury) loss due to theft, collision damage, etc.
- I understand that I am responsible for understand the purchase of an ICCM parking lots, but does not guarantee a first-served" basis only.	parking permit grants the p	
Need to check: I AGREE		
Date Paid: Amount: (\$400 per semest	ter)	
Payment Type (Cash or Check):		
Permit Number: (Will be provided by	the ICCM):	
Thank you		