

New York State Veterans Home at Batavia
Employee Vehicle Registration Form

Date: _____

Name: _____ Dept: _____

Vehicle #1:

Make: _____ Model: _____

Color: _____ Year: _____ Plate #: _____

Vehicle #2:

Make: _____ Model: _____

Color: _____ Year: _____ Plate #: _____

Vehicle #3:

Make: _____ Model: _____

Color: _____ Year: _____ Plate #: _____

Vehicle #4:

Make: _____ Model: _____

Color: _____ Year: _____ Plate #: _____

☐ I do not drive/do not own a car.

RETURN COMPLETED FORM TO ADMINISTRATION

8/1/18