



Overnight Parking Form

Vehicle Owner Details

**Company Name: _____

**Employee Name: _____

**Email Address: _____

Phone Number (in case of emergency): _____

Vehicle Information

Vehicle Information:

*Date leaving vehicle *Date Picking up vehicle *Location where vehicle is parked

*Make/Model/Color of Vehicle *License Plate *State

Additional Notes

Fields marked with an asterisk (*) are required.

The reason for leaving your vehicle (must be in the case of an emergency or business trip). Please check the appropriate box, if other please explain. The maximum amount of time allowed to leave a vehicle in the garage is five (5) days; any longer, you must make other arrangements with the Facilities Tenant Service Administrator 845-286-3586

Business Trip

Emergency

Other

Print Membership Holder Name

Signature