

CHECK-OUT DATE

TIME

— PLEASE REGISTER YOUR VEHICLE —
PRINT CLEARLY IN SHADED AREA

YOUR NAME

VEHICLE MAKE

MODEL

COLOR

LICENSE TAG NO.

STATE

READ AND SIGN:

*Vehicle owner or driver acknowledges that management assumes
NO LIABILITY for theft or damages to vehicles parked on premises.*

X _____

Check-In Date _____ Time _____

Unit No. _____