

be completed and submitted to the your Campus Security Office prior to
employee or student parking their vehicle overnight on campus property.

Vehicles are to be parked where specified by Campus Security and Preparedness Unit.
OVERNIGHT PARKING REQUEST

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Indicate which campus the vehicle will be parked overnight: WC BCC LC

Name of Employee/Student and S#:

License Plate Number:

Make:

Model:

Color:

Date(s) Vehicle will be Parked Overnight:

From

To

Emergency Contact Name and Phone Number: _____

Reason for Parking: _____

Location Vehicle is Parked: _____

(Only if disabled or in an emergency)

Field Trip Information (If applicable):

Name of Instructor:

Title of Course:

Date(s) of Field Trip:

*Please print the following statements and have your signature verify your agreement.

Front End Collision Coverage

Campus Security