

Winter Storage Waiting List Form



Date: _____

Contact Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (1) _____ (2) _____

E-mail: _____

Vehicle Information

Type of Vehicle: _____

Make: _____

Class: _____

Year: _____

Length: _____ (Include bumpers, hitches, motors, etc.)

Fuel Type: _____

License#: _____

Building Request:

#1: _____

#2: _____

OFFICE USE ONLY

Acceptance

YES **NO**

Building: _____

Date: _____