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: __________

Acceptance

YES  NO

Building: __________

Date: __________