



CAMP KINSER AIRPORT PARKING REQUEST

VEHICLE OWNER NAME: _____

PHONE #: _____

OWNERS LOCAL ADDRESS: _____

UNIT/EMPLOYER NAME & PHONE: _____

VEHICLE INFO: ONCE COMPLETED SUBMIT FORM TO BLDG 107, RM 159

COLOR	YEAR	MAKE	MODEL	LICENSE PLATE #

EMERGENCY CONTACT NAME AND PHONE #

EMERGENCY CONTACT ADDRESS

DATE OF DEPARTURE

ESTIMATED DATE OF RETURN

DISCLAIMER

1. _____ I understand by signing and initialing this document, that Marine Corps Base, Camp Smedley D. Butler, Camp Kinser, Camp Operations, and all personnel assigned or attached to these entities assume no liability for any damage and/or theft to vehicles or the personal property left inside them.
2. _____ I certify that I am required to ensure my vehicle is not leaking any fluids prior to parking my vehicle at this lot.
3. _____ I certify my vehicle **MUST** be locked.

Submitted by: _____

(Rank)	(Name: Last, First, MI)	(Sign)	(Date)
--------	-------------------------	--------	--------

CAMP OPERATIONS USE ONLY

Date Received: _____ Approved Disapproved

Reason for disapproval (if any): _____

(Print)	(Sign)	(Date)
---------	--------	--------