



CAMP KINSER RESALE PARKING PERMIT

VEHICLE OWNER NAME: _____

PHONE # & EMAIL ADDRESS: _____

UNIT/EMPLOYER NAME & PHONE: _____

POWER OF ATTORNEY NAME & PHONE: _____

VEHICLE INFO: ONCE COMPLETED SUBMIT FORM TO CampOperationsKinser@usmc.mil

COLOR	YEAR	MAKE	MODEL	LICENSE PLATE #
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EMERGENCY CONTACT NAME AND PHONE #

EMERGENCY CONTACT ADDRESS

ESTIMATED DATE OF DEPARTURE

DISCLAIMER

- _____ In consideration of being allowed to use the Camp Kinser Resale Lot, I do hereby, for myself, my heirs, executor, and administrators, release and forever discharge the United States Marine Corps, or any of its agents or agencies, for damages of any sort, including but not limited to personal injury or property damage arising from my use of said area.
- _____ I have read and fully understand the rules and regulations covering the use of the Camp Kinser Resale Lot, and agree to comply with all said rules and regulations thereof. I understand that by initialing this that the United States Marine Corps, its agents and agencies will **NOT** be liable for the theft or vandalism that may occur at at the above stated Resale Lot unless certain preconditions are met.
- _____ I have been advised to remove all visible high value items from the vehicle and lock the doors.
- _____ I understand that my vehicle/motorcycle may be ticketed for illegal parking by PMO or Camp Services anytime after the expiration date of this permit and will be subject to removal and towing with expenses incurred by myself.
- _____ I further certify that I understand I **MUST** display an approved copy of this form on the dashboard of my vehicle while it is parked at the Camp Kinser Resale lot and that I **MUST** maintain valid JCI, Road Tax, and American Liability Insurance while my vehicle is authorized to remain parked in the Camp Kinser Resale Lot.
- _____ I certify that I am required to ensure my vehicle is not leaking any fluids prior to parking my vehicle at this lot.

Submitted by:

(Rank)	(Name: Last, First, MI)	(Sign)	(Date)
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CAMP OPERATIONS USE ONLY

Date Decision made: _____ Approved Disapproved

Reason for disapproval (if any): _____

(Print)	(Sign)	(Date)
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