**MiamI Dade College – West**
**Public Safety Department**
**Vehicle Reservation Form**

**Phone:** (305) 237-8100 & Fax: (305) 237-8946

**Instructions:** Complete, fully, the required information listed below on this form. All information submitted MUST be legible and correct (Including signature at the bottom), or the request WILL NOT be processed. Send this request to westvehicleuse@mdc.edu one week in advance. Vehicle Use is governed by MDC Procedure 1470

If desired date is within a week of request this form must be walked to the dispatcher's office for approval.

**Requestor Information:**

Name of Requestor: ____________________  Department Name: ____________________

Department Telephone: 7-___________  Department Fax: ________________

Vehicle Type: ____________________

*ex (van, car, and Passenger #)

**Purpose of Use:** ____________________

**Requested Date & Time:**

Pick Up: Date: ________________  Time: ________________

Return: Date: ________________  Time: ________________

**Driver Information:** Check here if same as above ☐

Driver Name: __________________________  Contact Number: ____________

**Requestor/Driver Signature:** __________________________  Date: ____________________

I have read and agree to follow College Procedure 1470, Use of Vehicles. Any damages must be reported to Public Safety Dispatch by calling 305-237-8100.

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***OFFICE USE ONLY***

**Vehicle Number:** ________________

Received On: ________________  Approved by: __________________________

Gas Card Issued: Y / N