Vehicle Reservation Form

Requestor Information

Name of Requestor: ___________________ Department Name: ___________________

Department Telephone: ________________ Department Fax: __________________

Vehicle Type: ___________ Vehicle Number: ___________

*ex (van, car, and Passenger #)

Requested Date & Time

Pick Up: Date: ________________ Time: ________________

Return: Date: ________________ Time: ________________

Driver Information

Driver Name: _______________________

Contact Number: ___________________

*Reservations must be made a week in advance by e-mailing this form to northvehicleuse@mdc.edu. If desired date is within a week of request this form must be walked to the dispatcher’s office for approval.