# EXTENDED STAY VEHICLE FORM

NAME: _____

STAFF ☐ FACULTY ☐ STUDENT ☐ PROGRAM _____

EMERGENCY CONTACT PHONE #: _____

SECONDARY EMERGENCY CONTACT: _____

SECONDARY EMERGENCY CONTACT PHONE#: _____

VEHICLE: _____

MAKE MODEL YEAR COLOR

LICENSE PLATE NUMBER: _____ LICENSE STATE: _____

SALUS PARKING DECAL #: _____

EXPECTED DATE OF DEPARTURE: _____

EXPECTED DATE OF RETURN: _____

**IN CASE OF AN EMERGENCY, A VEHICLE KEY MUST REMAIN WITH SAFETY AND SECURITY UNTIL YOUR RETURN**

SIGNATURE: _____ DATE: _____

***(ALL EXTENDED STAYS ARE SUBJECT TO APPROVAL BY THE SAFETY & SECURITY DEPARTMENT)***