Please use this form to coordinate leaving your vehicle parked in a JHMI parking facility for an extended period of time. The form should be hand-delivered to the JHMI parking facility where your vehicle will be parked.

Please Print Legibly

Date: __________________________

ID Badge #: ______________________ - ______

First Name: ______________________ Last Name: ______________________

Work Phone: ______________________ Work Email: ______________________

I will leave my vehicle from _______________ to _______________  

Date _______________  Date _______________

Reason: ______________________

Emergency Contact Information
Please provide information on how to reach you or a designated contact person quickly in case we need to contact you about your vehicle for any reason.

Contact #1 Name: ______________________ Phone: ______________________

Contact #2 Name: ______________________ Phone: ______________________

Vehicle Information

Make: _______________ Model: _______________ Color: _______________

Year: _______________ State: _______________ Tag#: _______________

Location of Vehicle
Please let us know where your parked your vehicle for the extended stay.

Garage: ______________________ Level: ______________________

Other Location Identifiers: ______________________