

Visitor Lodge Temporary Parking Information

Date of check-in: _____

Date of check-out: _____

Lot Number: _____

First Name: _____

Last Name: _____

Address: _____

Vehicle Type: _____

Make: _____

Model: _____

License Plate Number: _____

For office only:

Date temporary parking pass given: _____

Staff Signature _____

Date vehicles were moved from Lodge parking lot: _____

Verified by _____