

Vehicle Storage Lot User Agreement

All personnel placing vehicles or other items in long-term storage are required to complete this form and sign a financial liability release prior to using long-term storage. Failure to complete this form will result in a suspension of vehicle storage lot privileges.

Owner Name (Please Print): _____ **Rate/Rank:** _____

Unit: _____ **Cell/Home:** _____ **Work Phone:** _____

Home Address: _____

Mailing Address: _____

Kodiak Resident (circle one) **Yes, Fulltime** **Yes, Seasonal (Dates)** _____ **No**

Email Address: _____

Make	Model	Color	Registration # or Plate # and State	Description (year, etc)

Insurance Carrier/Policy #: _____ **Copy Attached?** _____

NOTE: All vehicles operating, parked, or stored on government property, including all areas of Base Kodiak, must have current insurance coverage and registration, where required. Failure to have current insurance may be a violation of law and can result in denial of any claims toward the U.S. Government.

Owner Initials: _____ **Date:** _____

I have read and understand the Storage Lot Instruction and agree to all terms and conditions set forth therein. I understand my financial responsibility in using the Storage Lot, including late fee assessments. Further, I relieve Base Kodiak, MWR personnel from any and all claims related to loss, theft, injury, or damage of any and all property stored in long-term storage.

I understand that the above-identified vehicle/item(s) will only be released to the registered owner with proper identification or to a person designated with power of attorney for that vehicle/item(s).

I understand all of the terms and conditions that apply to utilization of the long-term storage lot and represent that all information provided above is true and accurate to the best of my knowledge.

Owner Signature: _____ **Date:** _____

Vehicle Admitted to Storage By: _____ **Date:** _____

Key Number: _____ **Date Key Issued:** _____ **By:** _____