

\*\*\* ALL DISPATCHERS: TAKE THE PERSON'S  
VEHICLE KEYS IN CASE WE SHOULD NEED TO  
MOVE THE VEHICLE \*\*\*

CRR#



**Pikes Peak Community College**  
5675 S. Academy Blvd., Box 18  
Colorado Springs, CO 80906  
(719) 502-2911

**Overnight Parking Waiver**

Please print clearly and fill out competely.

I, \_\_\_\_\_, request permission to park a (color) \_\_\_\_\_ (year) \_\_\_\_\_ (make) \_\_\_\_\_ (model) \_\_\_\_\_ (license) \_\_\_\_\_ which I own or am responsible for, overnight on PPCC property, from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. I acknowledge that the vehicle is parked at my own risk and that PPCC accepts no responsibility or liability for damage, loss or theft of the vehicle or its parts. I also agree that extenuating circumstances may arise and I herby give the Department of Public Safety permission to tow or otherwise have the vehicle moved, at my expense and liability.

Date \_\_\_\_\_ - Driver's License # \_\_\_\_\_

Telephone # \_\_\_\_\_ - Emergency Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Vehicle in lot:    A-    B-    C -    D -    E -    Handicapped

Exact Location \_\_\_\_\_

Reason for leaving vehicle \_\_\_\_\_

Signature \_\_\_\_\_