VEHICLE STORAGE REGISTRATION



The purpose of this form is to collect contact information related to any vehicle parked overnight at the airport. Vehicles registering for a monthly permit or longer must **fully** complete this form.

CONTACT INFORMATION				
NAME OF REGISTERED OWNE	R:			
BILLING ADDRESS:				
PHONES:	HOME:		CELL:	
EMAIL:	-			
VEHICLE AND AVIATION INFO	RMATION			
PERMIT TYPE/# OF NIGHTS:		I		
MAKE:	MODEL:			
YEAR:	COLOR:			
LICENSE #:	STATE:			
AIRCRAFT N#			1 - 130/2	
The undersigned applicant agrees damage, or theft resulting from us risk of the owner. The Truckee Tal operations, acts of nature, or the a will allow the Truckee Tahoe Airpo operations.	e of facilities and ser hoe Airport District a acts of persons not as	vices. All vehicles parked/stor ssumes no liability for loss, los sociated with the Truckee Tal	red at the Truckee Tahoe A ss of use, theft, or damage hoe Airport District. Furthe	irport will be at the caused by District er, the undersigned
Vehicles parked at the Truckee Tal will be reported to the California H Airport Manager will be removed to for consecutive periods of time ON	lighway Patrol. Vehic from the premises an	cles parked in excess of seven d stored at the owner's exper	(7) days without prior perr	mission of the
I attest to the accuracy of the infor	rmation provided and	agree with the provisions of	this agreement:	
				No. of the last of
Signature of Owner / Designat	ed Agent		Date	
TTAD PERMIT #:		EXPIRES:		