



MIAMI DADE COLLEGE – NORTH CAMPUS
PUBLIC SAFETY DEPARTMENT



Vehicle Reservation Form

Requestor Information

Name of Requestor: _____ Department Name: _____

Department Telephone: _____ Department Fax: _____

Vehicle Type: _____ Vehicle Number: _____

*ex (van, car, and Passenger #)

Requested Date & Time

Pick Up: Date: _____ Time: _____

Return: Date: _____ Time: _____

Driver Information

Driver Name: _____

Contact Number: _____

***Reservations must be made a week in advance by e-mailing this form to northvehicleuse@mdc.edu.
If desired date is within a week of request this form must be walked to the dispatcher's office for approval.**