



**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](mailto:northvehicleuse@mdc.edu).  
If desired date is within a week of request this form must be walked to the dispatcher's office for approval.**