

VAL'S FORM

Payments will be preferred as CASH ONLY

Phone Number: 435-669-3592

TODAY'S DATE: _____

TRAILER (circle one): YES/NO

TYPE OF VEHICLE (circle one): AUTOMATIC/MANUAL

(Check if you have): FULL OF GAS: ____ SPARE TIRE: ____ SPARE KEYS: ____

Leader: _____

Phone #: _____

Launching (DATE): _____ From (Location): _____

Takeout (DATE): _____ To (Location): _____

LEAVE KEYS WHERE (At the takeout):

VEHICLE INFORMATION

Owner's Name: _____ Phone #: _____

Make & Model: _____ Year: _____ Color: _____

License Plate Number: _____ State: _____

List any damage currently on vehicle (engine light on, cracked windows, scratches, dents, ect.): _____

Please list any special instructions about your vehicle below:

Vehicle must have insurance to cover the vehicle, and equipment. The shuttle driver's insurance does NOT cover your vehicle. By signing below, you acknowledge the risk involved with driver shuttling your vehicle to destined site and they will not be accountable for any breakdowns, window chips, lost items, or damage done due to unexpected travel incidents.

SIGNATURE: _____

Tips are greatly appreciated for driver.

Shuttle Driver: _____