

USAGE OF IPOA STORAGE YARD

To Be Completed By Property Owner(s):

Name of Property owner(s): _____

Address in Idlewilde Subdivision: _____

Permanent Address: _____

Phone Number(s): _____

Email: _____

Year, Color, Make and Model of Item:

License Plate Number and State: _____

Registration Number and State: _____

VIN or other Identification Number: _____

I understand the IPOA is not responsible and not liable for any item in the storage yard.

Signature: _____ Date: _____

Storage Yard Slot Volunteer

Slot Number: _____

Attached ID Tag Information _____

Signature: _____ Date: _____