



Spokane Colleges

Office of Campus Security

Request For Vehicle Assistance

SERVICE REQUESTED BY:

Today's Date: _____ Time: _____

Name: _____ Student Employee Visitor

REGISTERED OWNER INFORMATION

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

IF REGISTERED OWNER IS NOT PRESENT:

Contacted Date _____ Time: _____ Method (via) _____

Authorization Yes No

Not contacted because _____

VEHICLE INFORMATION

License Plate Number _____ State _____ Make _____ Model _____

SERVICE REQUESTED

Jump Start Vehicle Unlock Other (describe) _____
 Checked ID Checked Vehicle Registration Successful Unsuccessful

Responding Officer(s) _____

WARNING: There are inherent risks in opening a vehicle door with lock out tools. Some of these risks include broken windows, broken door locking mechanisms, electronic door lock/window damage, window/door finish damage. Jump starting a vehicle could cause an explosion risking personal injury. **VEHICLES WITH SIDE AIRBAGS MAY NOT BE OPENED.**

Initials of requester _____

RELEASE OF CLAIMS/HOLD HARMLESS

In consideration of the service I am requesting, and having read this document including the warning, I hereby and forever release Spokane College and its agents, employees, or officers from all debts, claims, demands, damages, actions and causes of action whatsoever, which I may now have or may hereafter have as a result of a performance of the above requested service. I further agree to protect, indemnify, and hold harmless the district, college, and its agents, employees and officers from any claims, demands, actions, damages, or causes of action directly or indirectly arising out of the performance of the above requested service.

Signature

Print Name

Telephone Number

Today's Date