

OVERNIGHT PARKING REQUEST

Date: _____

Customer Name: _____

Company/Suite: _____ Phone: _____

Emergency Contact Person /Phone: _____ / _____

Request Parking Dates: From: _____ To: _____

License Number : _____ Make: _____

Access Card No: _____ Color: _____

Reserved Parking: Level Parked: _____ Stall #: _____

Unreserved Parking: 6th Level parking only.

Parking Procedures:

1. Vehicle must be parked without blocking any other vehicle.
2. All valuables must be removed from vehicle.
3. Owner / Driver must retain vehicle keys. **Emergency Contact must have extra key.**
4. Maximum long-term parking is **five (5) days**. Anything over five days (5) will be assessed a \$21 per day charge.
5. Vehicles left on premises **over 24 hours** without written consent in advance from Parking Management will subject to removal of vehicle at owner's / driver's expense.

Acknowledgement:

I have read and complied with the above procedures. I further understand and agree that neither the property owner, management nor the parking contractor will be held responsible for any injury, damage, theft or loss to my vehicle while on this property during the above stated period. Vehicles which are (A) unauthorized, or (B) improperly parked, or (C) parked longer than permission of the parking management will be towed at owner's / driver's expense.

Customer Signature

Date

ABM Parking Services – Manager Signature

Date

MMRES – Property Manager Signature (If over five (5) days)

Date