



A DIVISION OF LAZ/KARP ASSOCIATES

FOR OFFICE USE ONLY

ACCESS CARD # _____

ACCOUNT # _____

MONTHLY RATE \$ _____

START DATE _____

DRIVER LICENSE VERIFIED BY _____

VEHICLE REGISTRATION VERIFIED BY _____

VEHICLE PARKING REGISTRATION

DATE _____ EMAIL _____

NAME OF PARKER _____
FIRST LAST

ADDRESS _____
NUMBER STREET

CITY STATE ZIP

TELEPHONE _____

COMPANY NAME _____

Vehicle 1 - MAKE _____ MODEL _____ COLOR _____

PLATE # _____ STATE _____ YEAR _____

Vehicle 2 - MAKE _____ MODEL _____ COLOR _____

PLATE # _____ STATE _____ YEAR _____

I fully understand that the replacement fee is \$15.00. Accounts must be cancelled by the last day of the previous month. If the pass is used at all during the month, the full payment is due. I understand that if I do not pay for my monthly parking by the 5th business day that my vehicle is subject to be removed at my own expense. I also understand that if I pay by check, and it is returned by the bank for any reason, I must pay a \$25.00 returned check fee. This agreement is a personal license to the holder enabling you to park your vehicle at this facility at your own risk. I understand that the garage doors are unlocked during weekday normal business hours. Only a license is granted hereby. No bailment is created with respect to any vehicle, including its contents, on the premises of the pay parking facilities at this location. The company and its operators and employees are not responsible for any loss or damage by fire, vandalism, theft, collision or any other cause to any vehicles or part thereof. Additionally, the company is not responsible for any item or contents left inside of the vehicle. LAZ Parking encourages removing items of value from the vehicle. Either party may cancel this contract with 30 day written notice.

INITIALS _____

I have read and fully understand all conditions set forth above.

Signature of Parker: _____ Date: _____