

Date Parking Tag Picked Up: _____

Signature: _____

PARKING CONTRACT

OWNER/MANAGER: _____

LOT LOCATION: _____ PARKING TAG# _____

NAME: _____

FALL ADDRESS (INCLUDE CITY, STATE, ZIP): _____

CELL PHONE: _____ WORK PHONE: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

PAYMENTS: IF PARKING IS INCLUDED IN YOUR APARTMENT LEASE, PAYMENTS MUST BE CURRENT FOR PARKING PASS TO BE VALID.

TERM OF CONTRACT: _____ TO _____

INCLUDED IN LEASE: _____ PREPAID: _____

CHECK# _____ DATE PAID: _____ AMOUNT: _____

I have read, received a copy of, Parking Rules and Regulations and Parking Contract, and understand both.

Landlord/Agent Signature Date

Tenant Signature Date