



Over Night Parking Request

I _____ am requesting to leave my vehicle parked at 520 Broadway starting _____ and ending _____. I understand that all conditions set forth in the monthly parking agreement as well as the rules and regulations of the parking garage still apply. I am completely aware that overnight parking is prohibited, and I will be parking at my own risk.

Vehicle Owner Signature: _____ Date: _____

Tenant Name _____

Building and Suite # _____

Individual Name _____

Cell Phone _____ Work Phone _____

Email _____

Key Card # _____

Reason for Request _____

Vehicle Information

Make _____

Model _____

Color _____ Year _____

License Plate # _____

Travel Information

Travel Dates: _____

Emergency Contact _____

Phone Number _____ Email _____

Tenant agrees that only a permit to park overnight is hereby granted. By accepting, tenant assumes sole responsibility for vehicle and contents.

Furthermore, tenant shall indemnify, defend and hold landlord, it's employees, contractors, agents, affiliates harmless from and against any and all claims and damages to vehicle arising as a result of parking vehicle overnight in the parking structure.

**Completed form must be received a minimum of 24 hours in advance and vehicle must be parked on PC or PD. Failure to adhere could result in vehicle being towed with no further warning.

This portion to be completed by building management

Approved _____

Not Approved _____

Management Signature _____ Date: _____