

# REQUEST FOR PARKING SERVICES

Tenant Name: \_\_\_\_\_

Suite #: \_\_\_\_\_ Building # (circle one)

6464      6565

Requested By: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_  
(Signer must be authorized signatory on the Lease)

Date: \_\_\_\_\_

**Cancellations must be received by the 15th day prior to the month in which changes will occur, otherwise payment in full will be due for the amount billed in the rent statement. Additional parking request received after the 15th day of each month must be prepaid and no invoice will be generated. NO EXCEPTIONS. Tenants are required to complete the "Summary" section of this form, otherwise your request will not be processed. Please note, NO prorating of monthly parking.**

EFFECTIVE MONTH: \_\_\_\_\_ 2012

TYPE OF PERMIT	UNIT PRICE	QTY./ADD	QTY./REMOVE	PRICE
Unreserved Single	125.00			\$0.00
Unreserved All-Day	95.00			\$0.00
Designated Tandem	300.00			\$0.00
Designated Single	235.00			\$0.00
24-Hour	170.00			\$0.00
After-Hours	45.00			\$0.00
<b>TOTAL:</b>				<b>\$0.00</b>

**SUMMARY - TOTAL NUMBER OF PERMITS AS OF THE ABOVE EFFECTIVE MONTH:**

Unreserved Single	
Unreserved All-Day	
Designated Tandem	
Designated Single	
24-Hour	
After-Hours	

**FOR PCD OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_

Method of Payment:

Bill Tenant Effective: \_\_\_\_\_

Check   
 Cash   
 Credit Card

Date Received: \_\_\_\_\_

REV. 2008-Antho

