

APPLICATION

By submitting this form I acknowledge there is a \$10.00 a month fee for Parking

NAME _____

ADDRESS _____ APT # _____

BOROUGH _____ STATE _____ ZIP _____

MAKE OF CAR _____ COLOR _____

PLATE NUMBER _____ YEAR _____

EMPLOYER _____ OFFICE ROOM NO. _____

OFFICE TELEPHONE NO. & EXTENSION _____

PLEASE CHECK THE APPROPRIATE BOX

8:00 AM - 6:00 PM

MONTHLY ()

WEEKLY ()

DAILY ()

6:00 PM - 8:00 AM

MONTHLY ()

WEEKLY ()

NIGHTLY ()

REALT-09

Do you wish to be place on waiting list for assigned parking? Yes _____ No _____