

PARKING PERMIT REQUEST FORM

TENANT INFORMATION

Suite Number: _____
Business Name: _____ Phone Number: _____
Parking Contact Name (Office Mgr.): _____
Parking Contact Email: _____

AUTOMOBILE INFORMATION

Parker Name: _____	License Plate: _____	Make/Model/Color: _____
Parker Name: _____	License Plate: _____	Make/Model/Color: _____
Parker Name: _____	License Plate: _____	Make/Model/Color: _____
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PARKING AGREEMENT

All terms of your lease concerning parking and building rules & regulations concerning parking remain in full force. This is a license to park only, therefore, no bailment is created. In accepting this license, parker agrees to use owner's lot at parker's risk. The owner of the parking facility hereby specifically disclaim any responsibility, expressed or implied, to protect against the loss of or damage to your vehicle or its contents. No employee or agent may alter or enlarge our liability hereunder orally or otherwise. Parkers use of this facility shall constitute acknowledgement and acceptance of this condition on your rights to use our parking facility. Please lock your car and take your keys.

Tenants and Staff of Walsh Medical Arts parking in PATIENT ONLY PARKING or not displaying a permit will also receive WARNINGS (up to 2) and upon the third violation, the vehicle will be towed.

Please fax this completed form to (858) 213-0163.