

MONTHLY PARKING CONTRACT

[Name of Parking Facility]
 [Address], [City/Town], Michigan
 Phone: • fax: • email: • website: •
 Parking office hours: ____ AM to ___ PM (Monday - Friday)

RENTER INFORMATION:

Name:			
Address:			
Email:			
Phone Number(s):			
Fax Number:			
Method of Payment:		Payroll deduction ____ Pre-authorized credit card withdrawal: Pre-authorized checking account withdrawal:	
First Month's Rent:	\$ _____	Starting Monthly Rate:	\$ _____
Card / Key Deposit:	\$ _____	Start Date:	
Parking Lot(s):		Transponder / Pass #:	
VEHICLE:			
Make:			
Model:			
Color:			
License Number:			
If you own a 4 x 4 vehicle, can we call upon you in an emergency?		Yes ____ No ____	

TERMS AND CONDITIONS

1. Parking charges to new monthly Parkers are prorated for the first month only (e.g., parking begins April 10 then Parker pays 20/30 = two thirds of the Monthly rate).
2. Fees will be charged for as long as the Parker is in possession of the transponder or parking pass. The Parker is responsible for ongoing monthly charges if written cancellation is not provided.
3. The parking charge for the month in which parking is cancelled is the full monthly rate regardless of when notice of cancellation is provided. One month written notice must be received. An exception is made for individuals leaving the center as a result of employment termination; in this case the parking charge is prorated for the last month (proof of termination may be required). Card and key deposits are refundable upon return of the card or key to the **[name of facility/parking authority, etc]** parking operations.
4. Persons employed by **[name of company]**, must be on payroll deduction. If payroll deduction is discontinued temporarily or otherwise, Parkers are required to make alternative arrangements to ensure payment is made on or before the first of each month.

THIS IS A 3-PAGE FORM.