

# MONTHLY PARKING CONTRACT

[Name of Parking Facility]  
[Address], [City/Town], New Jersey  
Phone: • fax: • email: • website: •  
Parking office hours: \_\_\_\_ AM to \_\_\_\_ PM (Monday - Friday)

## RENTER INFORMATION:

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Phone Number(s):</b>			
<b>Fax Number:</b>			
<b>Method of Payment:</b>		Payroll deduction ____ Pre-authorized credit card withdrawal: Pre-authorized checking account withdrawal:	
<b>First Month's Rent:</b>	\$ _____	<b>Starting Monthly Rate:</b>	\$ _____