

MONTHLY PARKING CONTRACT

[Name of Parking Facility]
[Address], [City/Town], Oklahoma
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: | \$ _____ |