

MONTHLY PARKING CONTRACT

[Name of Parking Facility]
[Address], [City/Town], Rhode Island
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:	\$ _____