

# MONTHLY PARKING CONTRACT

[Name of Parking Facility]  
[Address], [City/Town], South Dakota  
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 ____<br>Pre-authorized credit card withdrawal:<br>Pre-authorized checking account withdrawal: |          |
| <b>First Month's Rent:</b> | \$ _____ | <b>Starting Monthly Rate:</b>   | \$ _____ |