



**OVERNIGHT PARKING REQUEST FORM**

DATE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

NAME \_\_\_\_\_

VEHICLE (Make & Model) \_\_\_\_\_

VEHICLE LICENSE PLATE NO. \_\_\_\_\_

PARKING LEVEL \_\_\_\_\_

LENGTH OF STAY FROM \_\_\_\_\_ TO \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_

Vehicle owner understands that Adventus and Cushman hold no responsibility for any loss or vandalism that may occur while vehicle is parked on premises. We will use all efforts to contact the vehicle owner if relocation is necessary, however, building management reserves the right to relocate vehicle at owner's expense. If storage of vehicle at a storage facility becomes necessary then all associated costs will be the responsibility of the vehicle owner as well.

VEHICLE OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY SECURITY SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

Knowing that your vehicle is parked for a prolonged period of time enables the security staff to better monitor the safety of your vehicle. Please make sure your vehicle is locked and make sure you are parked on a level approved by a member of the security staff. As always, please report any problems or concerns with the parking garages to the security staff.

*THANK YOU FOR YOUR COOPERATION!*

**Please return completed form directly to the security post in your building.**