

# APPLICATION FOR MONTHLY PARKING

## INFORMATION TO BE PROVIDED BY PERMITTEE

Last Name:	First Name:
Email Address:	

**\*If you are not part of a company account invoices will be sent to the email address listed above.**

Billing Address:	
City & State:	Zip Code:
Name Of Employer:	
Cell Number:	Work Number:

### Vehicle Information: Primary Vehicle

Make:	Model:
Color:	License Plate:

### Vehicle Information: Alternate Vehicle

Make:	Model:
Color:	License Plate:

I agree to pay a \$25.00 card setup fee for the card key assigned to me. I agree to pay a \$25.00 replacement fee for a lost or damaged card key. I understand I have the right to park only one vehicle per day. The operator has the right to cancel or suspend the use of the card key for (but not limited to) the following reasons:

1. Non-payment
2. Late payment
3. Fraudulent use of card key
4. Destruction of property
5. Not following the established rules and regulations

If you forgot your keycard you will pay according to the posted parking rates for the day. No monthly parking will be allowed on December 31 or January 1st. Payment is due on the 1 of every month. Card keys will be turned off at the beginning of each month if payment is not received. Parking fees are prorated by half the month.

Refunds/Credits: Accounts cancelled prior to the 15 will receive one half month credit. Cards cancelled after the 15 will not be credited.

I certify that I have read, understand and accept the conditions specified in this application. I understand that all monthly parking is sold on a month to month basis and may be cancelled or discontinued by the operator at any time at our sole discretion on 24 hour notice.

**THIS CONTRACT LIMITS OUR LIABILITY- READ IT: WE RENT SPACE ONLY. THIS CARDKEY ALLOWS THE HOLDER TO PARK ONE VEHICLE AT ANY GIVEN TIME. NO BAILMENT IS CREATED AND MANAGEMENT IS NOT RESPONSIBLE FOR FIRE, DAMAGE, OR LOSS OF CAR OR CONTENTS. ALL SUCH RISKS ARE ASSUMED BY THE PERMITEE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Rate:	Card Setup Fee:	Total:
Account Number:	Card Number:	
Access Group:	<input type="checkbox"/> New <input type="checkbox"/> Change	
Effective Date:	Received By:	



**Parking for the One Colorado Garage**

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