

**THE OFFICES AT PARK TEN, PHASE I  
16285 PARK TEN PLACE**

**OVERNIGHT PARKING FORM**

FILL OUT **ALL** OF THE INFORMATION BELOW, AND RETURN TO  
PROPERTY MANAGEMENT OFFICE. **PLEASE PRINT CLEARLY.**

NAME: \_\_\_\_\_

TENANT NAME & SUITE NO.: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DATE(S) PARKING OVERNIGHT: \_\_\_\_\_

I understand that parking in any part of the garage or elsewhere on the property does not provide security for my person, vehicle or its contents, and hold the Landlord, Property Owner and/or Management Company and their employees harmless for any loss or damage thereto.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**For Office Use Only:**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_