

**THE OFFICES AT PARK TEN
16285 PARK TEN PLACE
ACCESS CARD AGREEMENT & PARKING REGISTRATION FORM**

INITIAL ISSUE ()

EXTRA CARD ()

REPLACEMENT ()

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

NAME: _____

TENANT NAME & SUITE NO.: _____

HVAC AUTHORIZATION: YES / NO FLOOR NO. _____ EAST / WEST / BOTH

BUSINESS PHONE: _____

STATE AUTO LICENSE NO.: _____

VEHICLE INFORMATION: YEAR: _____ COLOR: _____

MAKE: _____ MODEL: _____

I understand the importance of this card in maintaining building access control, and will promptly notify the Building Management if it is lost or stolen. I will report any problems with my card, and accept full responsibility for the actions of any persons whom I allow to enter the building by use of this card.

I understand that replacement cards for those lost, stolen or damaged will be provided at a cost of \$20.00 plus tax per card. These costs may change depending on actual cost of the cards. Personal check, cashiers check or money order must be made out to FSP Park Ten, L.P.

Parking tags are given out to individuals who office at 16285 Park Ten Place. A "green" tag is for any general parking with the exception of Handicap, Reserved or Visitors spaces. I fully understand that where I park in the garage is dependent on the color tag I have been given and that the parking tag **does not** allow me to park in Handicap, Reserved or Visitors spaces.

It is also understood 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.

All posted traffic signs and rules in the garage must be followed at all times or loss of parking privileges will occur. Violations will be enforced by building management.

I understand that my card will not be activated or my vehicle tag will not be distributed until this agreement is signed by our company representative and me. Please return to the Management office located at 16285 Park Ten Place, Suite 110, Houston, Texas 77084.

Employee Signature

Date

Authorized Company Representative

Date

For Office Use Only:

Access Card No: 303-_____

Parking Tag No: _____

Date Issued: _____

Initials: _____