

Parking Agreement

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE (H): _____ PHONE (W): _____

PARKING REQUESTED FOR (PLEASE CHECK ONE): DAYS: _____ EVENINGS: _____

FOR WELLS FARGO EMPLOYEES: DEPT: _____ A/U: _____ MAC: _____

VEHICLE ONE

VEHICLE TWO

YEAR: _____ YEAR: _____

MAKE/MODEL: _____ MAKE/MODEL: _____

COLOR: _____ COLOR: _____

LICENSE: _____ LICENSE: _____

You must park on either Level B or Level C. Each vehicle must have a Wells Fargo Center parking permit sticker on display at all times. THE USE OF A PARKING PERMIT STICKER IS TO IDENTIFY YOUR VEHICLE AS AN AUTHORIZED VEHICLE FOR THIS GARAGE. VEHICLES NOT HAVING A PARKING PERMIT STICKER ARE SUBJECT TO LOSS OF PARKING PRIVILEGES AND TOWING.

I will promptly notify Wells Fargo Center Garage of any change in vehicle information and obtain a new parking permit sticker if needed.

This monthly parking contract is cancelable with or without cause upon thirty- (30) days' written notice by either party.

I will comply with all parking rules and regulations established by Wells Fargo Center.

The use of Wells Fargo Center Parking Garage is at your own risk, and Owner and/or its agents are not responsible for property damage or theft occurring in or about the parking facility.

This agreement may not be transferred or assigned.

Payment for monthly parking is due in advance on or before the first of each month. We do not send monthly invoices. A **\$25 late fee** will be assessed for any balance not received by the end of the business day on the fifth of each month. In addition, the parking pass will be deactivated and parking privileges will be denied until payment, including assessed late fee, has been received. No credit will be given for monthly charges for time that a parking pass was deactivated for non-payment. No credit is given for periods of illness or vacation.

Please acknowledge your understanding and agreement with the terms listed above by signing in the space provided below.

Signature _____ Date _____

Building Management Office Use Only

Effective Date: _____	Card #: _____	Reserved Space #: _____
Prorated: _____	Monthly Fee: _____	1 st Sticker #: _____ 2 nd Sticker #: _____
WFB Group: _____	Input Date: _____	Input By: _____

White – WFCMO Copy

Carnary - Applicant Copy

Goldenrod – Garage Copy

Pink - Accounting Copy