

| For Office Use Only |
|-----------------------------|
| Card/Tag# |
| Monthly Rate \$ |
| Activation Fee \$ 15.00 |
| Key Fob Fee \$ <u>15.00</u> |

| MONTHLY | |
|-------------|--|
| Loc #540979 | |
| | |
| | |
| | |

360 State Street - New Haven

DATE CARD ISSUED__

| Last Name | First Na | | | ne (| | | Company, Suite # | | | |
|---|---|--------------------------------|---|--------------------------|---------------------------------------|----------------------|--------------------------------|--|--|--|
| Street Address (if no company enter home) | | | Apt or Box # | City | | | State | Zip Code | | |
| Business Phone | Evening Telephone | | | | E-Mail | Address | <u> </u> ; | | | |
| Please provide information on all vehic update this information with the Parking | g Managemen | t Office I | oy completir | ng a r | | | | | | |
| | VEHICI | LE INF | ORMATI | ON | | | | | | |
| Tag # | | | Tag# | | | | | | | |
| State | | | State | | | | | | | |
| Year | | | Year | | | | | | | |
| Color | | | Color | | | | | | | |
| Make | | | Make | | | | | | | |
| Model | | | Model | | | | | | | |
| LAZ Parking reserves the right to term acknowledge that I must pay a \$15. nd it is returned by the bank for any | .00 fee for an | y lost or | stolen parl | king s | ticker. Lu | ınder | stand th | nat if I pay by chec | | |
| cense enabling the undersigned to pranted hereby. No bailment is creatly aid parking facilities at the above amage by fire, theft, collision, or an esponsible for any item or contents from the vehicle. | Ited with resp facility. LAZ By other cause | ect to a Parking e to an | any vehicle g and its e y vehicle o | e, inc emplo or pa | luding its byees are rt thereof | conte not . Ad | ents, or respor ditional | n the premises of th nsible for any loss o ly, LAZ Parking is no | | |
| Y SIGNING BELOW, APPLICANT AT THE FACILITY FROM TIME TO TI | | | | | | | HAT M | AY BE POSTED | | |
| Applicant's Signature: | | | | | | | Da | ate: | | |

DATE CARD RETURNED___

To arrange for automatic Credit Card payment, please complete the "Pre-Authorized Payment Form"

If you are paying by check, please make checks payable to "LAZ Parking" and mail to: LAZ Parking, 175 Church Street, New Haven, CT 06510