

CLERMONT

EXTRA CAR PARKING APPLICATION

RESIDENT NAME: _____

ADDRESS: Unit: _____ Address: _____

TELEPHONE _____

VEHICLE INFORMATION:

VEHICLE MAKE / MODEL: _____

VEHICLE COLOR: _____

VEHICLE LICENSE PLATE #: _____

PERIOD OF TIME REQUESTED:

- Full Time Commencement Date: _____
- Temporary Commencement Date: _____

- I agree to park only in the extra car parking spot that I am assigned to;
- I agree to display the parking pass in the window of the vehicle occupying the said spot (as per the instructions that accompany the parking pass) and that **failure to have the pass displayed in the window may result in the vehicle being towed at the owner's expense without notice.**
- If the parking pass is lost or stolen, replacement will be issued at a fee of \$10.00.
- I agree to notify management when use of spot is no longer required. Notice must be given **15 days** before I intend to cancel the parking space. The parking pass must be returned to Management and notice of cancellation in writing is required or fees will continue to be charged.
- I understand and agree to pay a monthly fee of(please contact office for fee) on the 1st day of every month. **Failure to pay this fee will result in the vehicle being towed without notice as it shall be deemed to be illegally parked.**
- I agree to provide all of the details of this consent form/agreement to my tenants, if applicable, and to make them aware of the consequences of illegally parked cars.
- I understand that I will be reimbursed that portion of pre-paid extra car parking rent provided that my notice is given 15 days prior to the date I no longer require the parking space and that parking pass has been returned.
- I understand that, if assigned a temporary parking spot, it may be forfeited to a resident requiring a permanent spot.
- Failure to comply with the above will result in the forfeit of the extra car parking spot and/or towing of the vehicle (at vehicle owners expense).

Name: _____ (please print)

Signature: _____ Date: _____