



PARKING CONCEPTS INC.

Overnight Parking Request Form (Waiver)

Complete this form and bring it to the garage or fax it to our Regional Office at (415) 553-8856. If you have any questions please contact the garage personnel or call us at (415) 553-6883.

Name: _____

Company _____

Work Phone: _____

Emergency Phone: _____

Access Card Number: _____

Hang-Tag Number: _____

Vehicle Type: _____

Vehicle Model: _____

License Plate: _____

Color: _____

From what date: _____

To what date: _____

I fully understand that this Parking Facility does not allow overnight parking and that I am requesting to leave my car parked in the parking facility for the date(s) stated at my own risk and with the understanding that neither Parking Concepts, Inc. nor the Owner and/or Management of the Property shall be held responsible for any damage to my vehicle.

I further understand that if I do not remove my vehicle by the stated date Parking Concepts, Inc. has the right to have my car removed by a tow company at my expense.

Signature: _____ Date: _____