

AUTHORIZATION FOR EXTENDED OVERNIGHT PARKING

Name: _____

Date: _____

Business Phone: _____

Cell Phone: _____

Employer: _____

Email: _____

VEHICLE INFORMATION

Vehicle License #: _____

VIN#: _____

Make: _____

Model: _____

Color: _____

Vehicle Location: _____

Parked From: _____ To: _____

Registered Owner: _____

WAIVER

BY SIGNING THIS FORM, I HEREBY ACKNOWLEDGE THAT I AM THE LEGALLY AUTHORIZED OPERATOR OF THE ABOVE VEHICLE. I HAVE REQUESTED OF ABM PARKING SERVICES ON BEHALF OF THE PROPERTY OWNER THAT I BE ALLOWED TO PARK MY VEHICLE ON THE PROPERTY FOR AN EXTENDED PERIOD OF TIME.

THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO LEAVING ANY VEHICLE(S) ON THE PROPERTY OR PARKING FACILITY. THE DAILY FEE FOR OVERNIGHT PARKING OF \$20.00 PER DAY APPLIES. PAYMENT MUST BE MADE PRIOR TO DEPARTURE DATE. REQUESTS MAY NOT EXCEED 5 BUSINESS DAYS.

I UNDERSTAND THAT IN THE EVENT OF PARKING LOT CONSTRUCTION, REPAIRS, OR EMERGENCIES, MY VEHICLE MAY NEED TO BE TOWED OFF OF THE PROPERTY TO ANOTHER LOCATION AT MY SOLE EXPENSE.

I HEREBY AGREE TO HOLD HARMLESS ABM PARKING, LBA IV-PPI LLC, LBA IV-PPII-OFFICE LLC, LBA IV-PPII-RETAIL LLC, LBA REALTY PP LLC, AND THEIR RESPECTIVE MEMBERS, MANAGERS, PARTNERS, OFFICERS, AFFILIATES, AGENTS, EMPLOYEES, SUCCESSORS AND ASSIGNS FROM ANY INJURY OR DAMAGE THAT MAY OCCUR AS A RESULT OF MY VEHICLE BEING PARKED AT THE PARK PLACE FACILITY OR BEING TOWED AS CONTEMPLATED ABOVE.

Signed: _____

Date: _____

Payments must be made in full PRIOR to departure at the parking office as noted below:

3337 Michelson Drive CN-730
Irvine, CA 92612
Phone: 949-863-9100

**COMPLETED FORMS CAN BE SENT TO:
ABM PARKING SERVICES
FAX: 949-863-9990**

FORM OF PAYMENT: CASH/CHK# _____

AMOUNT: _____

REC'D BY: _____