PARK PLACE IRVINE ABM PARKING ACCESS CHANGE FORM 3337 Michelson Dr. CN-730, Irvine, CA 92612 | (949) 863-9100 | Email to: parkplaceparking@portalexternalmail.thelincgroup.com Note: In order to process your request in a timely fashion, please complete sections 1-4 in full; any omission will delay your order. Section 1: Office Use Only Employee Name (first): \_\_\_\_\_ (last): \_\_\_\_\_ Company: \_\_\_\_\_ Address: Suite: ISSUED DEVICE # Section 2: Surface Lot E Structure #1 (3101 Michelson) Structure #3 (3171 Michelson) Structure # 2 (3151 Michelson) **Location** (please check one): Surface Lot F Structure #5 (3377 Michelson) Structure #6 (3323 Michelson) Reserved/Space #\_\_\_\_\_ Non-Reserved Section 3: Vehicle Information: New Vehicle One\* New Change Vehicle Two\* Change Make: \_\_\_\_\_ Make: \_\_\_\_ Model: Model: Plate No.: (\*New vehicles must submit license plates within 45 days of activation. Failure to comply will result in auto-deactivation of this device until plate is updated) **GENERAL INFORMATION:** It is important that your device not be used by anyone other than yourself. Overnight parking is not permitted without the written authorization of management and payment. Devices should be retained and used by the assigned individual. Do not allow persons without a device to access the parking facility. Misuse or abuse of your device could result in the removal of your parking privileges. The above information will register you as a user of the assigned device and will allow access to the parking facility at predetermined hours. Please notify the Parking Office immediately if your device is lost or stolen. Devices are revocable by management for abuse and/or with a 30 day notice. By signing below you agree to the parking assignment and to park only in the approved areas with this device. **IMPORTANT:** Payments must be made by the 1st of each calendar month for the following month. Payments not received by the 1st will have associated devices deactivated until payment is made in full. Late patrons will be required to pull a ticket and pay the daily fee at the parking gates for each visit, no refunds or credits will be issued for ticket fees paid. Refunds are not available for any period paid and not used. **CUSTOMER SIGNATURE** (required) I AGREE TO ACCEPT MONTHLY PARKING PRIVILEGES UPON THE ABOVE TERMS AND CONDITIONS.

Section 4:	OFFICE USE ONLY
Request New Card/Transponder Request New Headlight Tag (to be installed by ABM)	Programmed:
Change Device Holder Name Device#:	Account Number
Non Functioning - Request Replacement Device (no deposit required)  N/F Device#: New Device#:	Account Number:
Lost ODo Not Replace Request New Device (fee required)  Lost Device#: New Device:	Parker Number:
Remove Access  Device#:	Contract Number:
Add/Activate Access:	



Device #