



FIRST STAMFORD PLACE

OVER-NIGHT PARKING FORM

Name of Company: _____

Name of Employee: _____

Date leaving vehicle: _____ Date picking vehicle up: _____

Location where vehicle is parked: _____

Make, Model & Color of vehicle: _____

License Plate #: _____ State: _____

Emergency Phone #: _____

The reason for leaving your vehicle, (must be in the case of an emergency or business trip) please check the appropriate box, If other, please explain. The maximum amount of time allowed to leave a vehicle in the garage is five (5) days, any longer; you must make other arrangements with the Tenant Services Coordinator at (203) 353-4011 – fax (203) 353-4010.

Business Trip: _____

Emergency: _____

Other: _____

Signature: _____ Date: _____

Company Contact