

FIRST STAMFORD PLACE

OVERNIGHT PARKING FORM

Name of Company: _____

Name of Employee: _____

Date leaving vehicle: _____ Date picking vehicle up: _____
(MAXIMUM IS FIVE (5) DAYS)

Location where vehicle is parked (Ground Floor/B1/B3/Etc): _____

Make, Model & Color of vehicle: _____

License Plate #: _____ State: _____

Emergency Phone #: _____ Email Address: _____

Please note: the First Stamford Place parking garage is not intended for long-term parking. A courtesy is made for overnight parking in the event of an emergency or business trip only. The maximum amount of days allowed is five (5); vehicles left for longer than five days risk being towed at the owner's expense.

Overnight parking forms must be submitted to rhenson@harborg.com and aalteus@harborg.com by 3:00 p.m. prior to the first day the vehicle will be left.

Please choose one of the following:

Business Trip:

Emergency:

Signature: _____
Company Contact

Date: _____