

816 Congress - 9th Street
(21084002 - 21084003)
PARKING ACCESS REQUEST FORM

NAME: _____
 COMPANY: _____
 BILLING ADDRESS: _____
 PHONE: _____

EFFECTIVE DATE: _____

PLEASE PROVIDE VEHICLE INFORMATION:

MAKE/MODEL: _____
 YEAR/COLOR: _____
 LIC PLATE No.: _____

PLEASE COMPLETE APPLICABLE SECTION(S) BELOW

GARAGE/ACCESS INFORMATION	ACTION	DELETION
<p>All requests are subject to lease terms and/or availability</p> <p><input type="checkbox"/> Access Card <input type="checkbox"/> Tag</p> <p><input type="checkbox"/> 816 Congress Garage</p> <p><input type="checkbox"/> 9th Street Garage</p> <p>Garage Information</p> <p><input type="checkbox"/> Unreserved <input type="checkbox"/> Reserved</p> <p>Reserved Space No.: _____</p> <p>Card Number(s): _____</p> <p>*Tag Number(s): _____</p> <p>*Please note if TxTag, HCTR or DNT Tag</p>	<p>Comment: _____</p> <hr/> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> REPLACEMENT</p> <p><input type="checkbox"/> DELETION</p> <p><input type="checkbox"/> Transfer Tag From: _____</p> <hr/>	<p>Please note below the card/tag(s) that you wish to delete:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

*There is a \$25 non-refundable charge for the replacement of lost or damaged parking cards/tags.

- Completed and signed forms must be emailed to **816congress@lanierparking.com**. **All forms must be received no later than 12:00 p.m. for same day processing. Any forms received after 12:00 p.m., will be completed the following business day.** All parking cards/tags will be delivered to the tenant representative.
- Payment for parking is due on or before the first of each month. Accounts are considered delinquent by the 5th of each month. In the event your account is delinquent, your parking may be terminated.
- The parking card/tag must be used at all times to operate the entrance and exit gates to the garage. If your parking card/tag does not work, email us at **816congress@lanierparking.com**. **Parking cards/tags must be used in an "IN/OUT" sequence. If this order is reversed, the card/tag will not function.**

CUSTOMER REPRESENTATIVE SIGNATURE _____

OFFICE USE ONLY

Processed By: _____
 Billed By: _____
 Date Entered: _____
 Account No.: _____

TX TAG No.: _____
 Card/Tag No.: _____
 Notes: _____

Lost/Damaged/Unreturned Card:
 \$25 parking card/tag

Paid in person - \$25

Bill-back tenant -\$25