



1202 Regent St. - Madison WI 53715
Phone (608)251-8777 - Fax (608)255-9656

Parking Application

Parking Term Desired: 8/16/_____ to 8/14/_____

Parking Location: _____

First Name: _____ Last Name: _____ M: _____

Social Security #: _____ - _____ - _____ DL#: _____

Birth Date: ____/____/____

Address During Parking Term: _____ Apt #: _____

Telephone #: (_____) _____ - _____

E-mail Address: _____

Address where the parking deposit is to be mailed at the end of the lease term:

For expedient and efficient monitoring of our parking lots, all permits must be uniformly placed. Please ensure your permit is placed in the **lower left corner of the front windshield**. This especially helps us during the winter months when we have to scrape windshields to ensure illegal parkers are not taking your spots. We would hate to tow your vehicle due to an improperly placed permit. So, again please make sure it is in the lower left corner of the front windshield.

Due to the volume of residents moving in, the parking lots will not be monitored from August 16th thru August 31st.

Parking lots are monitored by our staff upon request. However, it is not possible for us to monitor parking lots every hour. Therefore, we rely on you to call should you notice illegal parkers in your lot. In the event the lot is full and you have to find alternative parking, this cost will be at your own expense.

I have read and understand this agreement.

Signature: _____ Date: _____