

Parking Application - __ New/__ Renewal

DATE (month/day/year): _____ TIME: _____

TENANT NAME: _____

CELL: _____ EMAIL: _____

CAR MAKE: _____ CAR MODEL: _____

LICENCE PLATE: _____ CAR COLOUR: _____

INDICATE PROPERTY WHERE YOU LIVE: UNIT/SUITE # _____ ROOM # _____

() Solstice 2 - 1219 Gordon Street

PARKING TERM: FALL 2016 WINTER 2017 SUMMER 2017

() Yes, I want to pay my parking fees by: () Visa* () MC* () Debit () Cheque () Money Order

Fee is \$100 per term. (\$25 per month)

*Credit Card Payments are subject to a 4% administration Fee.

YOUR SIGNATURE: _____ DATE: _____

Note this parking application does not guarantee you a parking space. Parking spaces are allotted on a first-come, first-serve basis. You must keep SOLSTICE 2 Property Management Office informed of your contact information, and or change of vehicle or license plate number.

You must let the SOLSTICE 2 Property Management Office know in writing within 15 days receipt of a renewal notice if you are planning to renew or not renew your parking lease agreement.

This parking application will serve as your lease agreement indicating that you have read and agreed to the Solstice 2 Parking Policies and Rules.

Refer to the Parking Policy section on the Solstice 2 website - www.xxxxxxx.com for more information regarding the rules and policies. You will be contacted by email telling you whether a parking space has been assigned to you or not. If not a refund will be issued to you.

Because we use email to communicate with you, it is your responsibility to provide us with your correct email address and to check your messages.

-----BELOW - PROPERTY MANAGEMENT OFFICE USE ONLY-----

SOLSTICE 2 Rep: _____ Date: _____ Amount Paid \$ _____

Employees Note - All payments must be entered in the ledger. Attach payment receipts to this form. PAYMENT RECEIPT ATTACHED

