**55 E. Monroe Garage**
**MONTHLY PARKING APPLICATION**
**Tenants of 104 S. Michigan**

NAME/COMPANY ATTN: NAME

BILLING ADDRESS CITY STATE ZIP CODE

HOME ADDRESS CITY STATE ZIP CODE

PHONE: (HOME)_____ (BUSINESS)_____ (CELL) _____

MAKE OF CAR MODEL YEAR COLOR LICENSE PLATE NO.

STATE OF LICENSE PLATE EMAIL ADDRESS

Enclosed is my check for $**355**, and a $0.00 activation fee. I understand that (i) parking privileges are provided on a monthly basis only, (ii) the parking fee (which is subject to change) is to be paid, in advance, by the 5th day of each month, (iii) there will be a $50.00 charge to replace my keycard if it is lost or damaged, (iv) payment of parking fees grants me a license to park only and does not create any bailment of any kind, and (v) I can cancel as of the end of any given month by giving at least 30 days advance written notice to LAZ, 33 W. Monroe, Suite 2010, Chicago, Illinois 60603.

_____ Date:_____, 20_
Applicant's Signature

Please make all checks payable to: **"LAZ"**

No Allowance is made for vacations or other periods when your car is not in the garage. If your account is delinquent, your keycard may be deactivated. We reserve the right at any time to terminate parking privileges effective on the date we specify in our notice to you; if we terminate prior to the end of the month, the prepaid monthly fee will be prorated and the unused portion will be refunded.

We cannot be responsible for damage to or loss of your vehicle or for any items or valuables left in your car. Our employees are not authorized either to accept responsibility for or to store any such items.

Account No.: _____ Keycard No.:_____ Decal No.:_____

Effective Date:_____ Activation Fee: _____

Cancellation Date:_____ Rate Code: _____

55 E. MONROE OFFICE USE ONLY: