



CORNERSTONE PROPERTIES LTD.

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REQUEST FOR PARKING

Name: _____

Suite # _____

Address _____

Owner or Tenant _____

Type of Vehicle: _____ License : _____

Effective date of Parking: _____

Monthly Charge : _____

Parking Spot #: _____

I agree to pay the above parking charge on the first day of each month for the use of the above parking space. Failure to pay the parking charge will result in the space being re-assigned.

To cancel the parking spot, a Parking Cancellation Form must be filled out with the Caretaker or Property Manager.

Signature

Date