



OVERNIGHT PARKING REQUEST FORM

i|o Playa Vista

Please e-mail to: naleman@lazparking.com, jdeleon@lazparking.com &
Corey.Garrett@aus.com

Or

Hand Deliver to Parking Office

Owner Name (Please print)

Company's Name

Suite

Keycard No.

Vehicle

Make

Model

Color

License No.

Work Phone

Home Phone

Level Parked (Must park 3rd level or Higher)

Vehicle to be Parked From:

(Month/Day/Year)

To

(Month/Day/Year)

Emergency Contact (Person with a set of keys to vehicle) Name & Phone Number

Acknowledgment and Consent.

LAZ Parking, CV Latitude 34, LLC and Lincoln Property Company, its agents, employees and contractors do not assume custody or control of parker's vehicle or its contents, all of which remain parker's responsibility. Parker acknowledges and agrees that **LAZ Parking, CV Latitude 34, LLC and Lincoln Property Company** are not baileys and have no custodial or security responsibility for parker's vehicle or its contents and have no responsibility for theft, fire, vandalism or automotive damage. Parker must park in assigned reserved space or an unreserved space.

I acknowledge and agree with the above-mentioned rules. The owner and the vehicle information that I have provided on this page is true and accurate.

Vehicle Owner Signature: _____ Date : _____

Parking Office Approval: _____ Date: _____