



One South Dearborn
Chicago, Illinois 60603

ONE SOUTH DEARBORN SELF PARK MONTHLY PARKER APPLICATION

NAME _____ COMPANY NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE (HOME) _____ (BUSINESS) _____

MAKE OF CAR _____ MODEL _____ YEAR _____ COLOR _____ LICENSE PLATE NO. _____

HANDICAP PARKING YES NO EMAIL ADDRESS _____

Enclosed is my check for \$_____ representing the first month's parking fee, a one month security deposit, and a \$45.00 transponder 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 \$45.00 charge to replace my transponder if it is lost or damaged, (iv) payment of parking fees grants me license to park only and does not create any bailment of any kind, and (v) I can cancel at the end of any given month by giving at least 30 days' advance written notice to One South Dearborn, Chicago, Illinois 60603

Please make all checks payable to "One South Dearborn"

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 and/or your car may be locked up or removed by towing (at your expense) until payment in full is received. During any time period in which a keycard has been invalidated, the regular daily rate must be paid (and it's not refundable or subject to other credit) upon exiting the facility.

We reserve the right at any time to terminate parking privileges at any time, though we will endeavor to give you at least 30 days' prior written notice except in the case of. 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.

APPLICANT'S SIGNATURE _____ DATED _____ 20 ____.

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FOR OFFICE USE ONLY

Effective Date: _____ Card # _____ Parking Amount: _____

Cancellation Date: _____ Payment Method: _____