



# APPLICATION FOR MONTHLY PARKING

FOR OFFICE USE ONLY

<b>GARAGE NAME</b>
MP Garden LLC

<b>GARAGE CODE</b>

### PURPOSE -CHECK ONE

- NEW ACCOUNT  
 CHANGES TO ACCOUNT  
 OTHER

### TYPE OF ACCOUNT - CHECK ONE

- BUILDING RESIDENT  
 24 HOUR PARKER  
 DAY PARKER  
 NIGHT PARKER  
 HOSPITAL STAFF  
 PARK and LOCK

<b>ACCOUNT NUMBER</b>			

## CUSTOMER TO COMPLETE THIS SECTION

FIRST NAME	INIT	LAST NAME

WOULD YOU LIKE TO HAVE YOUR BILL EMAILED? YES  NO

<b>EMAIL ADDRESS:</b>	
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BILLING ADDRESS		
CITY & STATE	ZIP CODE	TELEPHONE (S)
		Home: Cell: 

## AUTHORIZED DRIVERS

#	NAME	SIGNATURE
#1		
#2		
#3		

## CAR INFORMATION

#	PLATE #	STATE	YEAR	MAKE	MODEL	COLOR
1						
2						
3						

**Contact:** Betty Martinez      Claudia Taborga  
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**Tel:** (212) 490-3460 Ext 15      (212) 490-3460 Ext 12  
**Fax:** (212) 490-3480      (212) 490-3480

### GARAGE STAMP

Signature

Date

ATTENTION: Please read rules and regulations on reverse side

## FOR GARAGE USE ONLY

## OTHER

(A) NET RATE (Excludes tax)	(B) ADD. NET FEE (Tax Included)	(C) LOW TAX    HI TAX	(A) + (B) +(C) TOTAL GROSS RATE	START DATE / /
(1) 1st MONTH PRORATA	+	(2) MONTHL STORAGE	=	(1) + (2) TOTAL ADVANCE
				DATE PAID / /

- FREE PARKER  
 MOTORCYCLE  
 OVERSIZE VEHICLE