



**TENANT OVERNIGHT PARKING REQUEST FORM**

**Employee Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Employee License Plate:** \_\_\_\_\_

**Vehicle Make/Model:** \_\_\_\_\_

**Date of parking (From-To):** \_\_\_\_\_

**Location (Floor #):** \_\_\_\_\_

By completing this overnight parking request form, the Parker acknowledges that Landlord is not responsible for theft or damage to vehicles and/or personal property. Park at your own risk.

**Please return this form to [Brianna.Young@cushwake.com](mailto:Brianna.Young@cushwake.com) and save a copy of this form for future requests.**