

**THE CENTURY
OVERNIGHT PARKING FORM**

NAME: _____

PHONE NUMBER: _____

COMPANY / SUITE NO. _____

DATES VEHICLE WILL BE LEFT OVERNIGHT: _____

MAKE / MODEL OF VEHICLE: _____

YEAR: _____ **COLOR:** _____

LICENSE PLATE NO: _____

Please be reminded that long term parking will **NOT** be allowed.

Maccabees Center Limited Partnership & Schostak Brothers & Company assumes no responsibility for vehicle left on the property.

Registering your vehicle with Security only assures you that it will **NOT** be towed.

By signing below vehicle owner agrees that all other liability is the responsibility of the vehicle owner.

Vehicle Owner Acceptance:

Management Approval:

Signature Date

Signature Date