



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 and a \$45.00 non-refundable 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 5<sup>th</sup> 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 Suite 700, Chicago, Illinois 60603

Please make all checks payable to "SOF-DEARBORN LP"

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 to 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: \_\_\_\_\_