

**THE CHANCERY**  
1120 LINCOLN STREET

**PARKING/ACCESS CARD APPLICATION**  
(PLEASE PRINT)

E-mail: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Suite Number (Bldg. Tenants): \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

<b>Access Level Required:</b>		
<input type="checkbox"/>	Reserved	Space # _____
<input type="checkbox"/>	Unreserved	
<input type="checkbox"/>	Building Only Card	Floor _____
<input type="checkbox"/>	Fitness Room	(Chancery Tenants Only)
<input type="checkbox"/>	Law Library	(Chancery Tenants Only)

**IF APPLYING FOR PARKING COMPLETE BELOW:**

Make/Model/Color of Car: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Social Security Number (if self pay): \_\_\_\_\_

**BILLING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

Check one: Self Pay       Employer Pay

If employer paid, authorization required by office manager.

Employer Signature \_\_\_\_\_

Effective Date \_\_\_\_\_

I have been given a copy of the parking policies and procedures. By initialing them, I am stating that I have read them and agree to follow them. I understand that an autopay option is available. By filling out the attached form, my credit card will be charged monthly for my parking charges dependent on the conditions I have selected.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Card number \_\_\_\_\_  
Added to EP2 \_\_\_\_\_  
Added to master \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Hang Tag # \_\_\_\_\_

Account number \_\_\_\_\_  
Added to billing \_\_\_\_\_  
Card Deposit posted \_\_\_\_\_  
Prorated charges posted \_\_\_\_\_  
Hang Tag Deposit posted \_\_\_\_\_