APPLICATION AND OFFER TO LEASE PARKING SPACE

sfrent.net

1201 Fulton Street, San Franci	1300, O/(34117 · prioric 410	211 0100 Tax 110 001 1010
The undersigned hereby offers to le	ease the parking space at	,·
, California, S	Space # at the rental rate	of \$ per month, with starting
date It is understood that no rights to said space until a written		
Application.	Faiking Lease Agreement of	uly executed after the approval of this
, pp.:.cation.		
ALL INFORMATION	N REQUESTED HEREIN <u>MU</u>	<u>IST</u> BE PROVIDED
PERSONAL INFORMATION		
Name:	Mobile phone:	W phone:
Social Security #:	Date of birth:	Email:
Other names used:	Drivers License #	State:
In case of emergency please notify:		
Relationship:	Daytime Phone:	Email:
VEHICLE INFORMATION (re: vehic	ola for which parking space les	ase is being applied)
	te for which parking space fee	ase is being applied)
Make:		
Model:	License Plate #:	/State:
Year:		
Color:		
Vehicle Identification Number:		
INSURANCE INFORMATION (re: ve	chicle for which parking space	e lease is being applied)
INSURANCE INFORMATION (re: ve Insurance Agent Name:	• • • • • • • • • • • • • • • • • • • •	Phone:
	Policy Start Date:	
Insurance Agent Name:	• • • • • • • • • • • • • • • • • • • •	Phone:
Insurance Agent Name: Insurance Company: Policy Number:	• • • • • • • • • • • • • • • • • • • •	Phone:
Insurance Agent Name: Insurance Company:	• • • • • • • • • • • • • • • • • • • •	Phone:
Insurance Agent Name: Insurance Company: Policy Number: AGREEMENT Applicant agrees that Applicant will participa	Policy Start Date: ate in Landlord's mandatory Electr	Phone: End Date:
Insurance Agent Name: Insurance Company: Policy Number: AGREEMENT Applicant agrees that Applicant will participa payment, and, before taking possession of the	Policy Start Date: ate in Landlord's mandatory Electrone premises, will grant Landlord and das an ongoing a condition of the that meet California's legal mining	Phone: End Date: onic Funds Transfer (EFT) program for rent d/or his agent(s) the necessary authorization e parking lease, Applicant must at all times nums, and must also have his agent provide
Insurance Agent Name: Insurance Company: Policy Number: AGREEMENT Applicant agrees that Applicant will participal payment, and, before taking possession of the to enroll Applicant in the program. Applicant agrees that prior to executing, and carry liability and property damage insurance Landlord with proof of such coverage, and the each policy term. Applicant represents all information contain owner/manager will rely upon said information.	Policy Start Date: ate in Landlord's mandatory Electrone premises, will grant Landlord and das an ongoing a condition of the that meet California's legal minimat Applicant must continue to province in this APPLICATION to be mation when accepting this Applicate to verify said information and manding. Applicant hereby releases information from any liability what from any suit or reprisal whatsoe	Phone: End Date: onic Funds Transfer (EFT) program for rent d/or his agent(s) the necessary authorization e parking lease, Applicant must at all times nums, and must also have his agent provide yide such proof of insurance upon renewal of e true and accurate and understands that plication. Applicant hereby authorizes the take independent investigations to determine owner/manager, his employees and agents soever concerning the release or use of this ver. All holders of any such information are