



**CITY OF LAKELAND PARKING SERVICES
MONTHLY LEASED PARKING AGREEMENT**

**Phone: 863-834-6303
314 E. Main St., Lakeland, FL 33810**

ACCT#: _____

LOCATION: _____ NUMBER OF SPACES: _____

LEASE RATE: _____ + TAX: _____ TOTAL: _____

DECAL#: _____

PROXIMITY CARD NUMBER: _____ REMOTE GATE NUMBER: _____

DRIVERS LICENSE NUMBER: _____

NAME: _____

WORKPLACE: _____

BILLING: COMPANY: _____ OR: INDIVIDUAL: _____ WORK PHONE _____

BILLING ADDRESS: _____

CITY/ STATE / ZIP: _____

VEHICLE TAG #: _____ COLOR: _____

MAKE / MODEL: _____

I accept the parking policies as noted:

LEASEE SIGNATURE: _____ **DATE:** _____

STAFF SIGNATURE: _____ **DATE:** _____

All leased parking vehicles must park in permitted areas only.
Loss of prox card for access will cost \$10.00 (non-refundable) for a replacement. (Main St. Garage only)
Loss of gate remote will cost \$35.00 (non-refundable) for a replacement. (Main St. Garage only)
All vehicles MUST have a permit on the left front windshield or a placard on the rearview mirror.
The City of Lakeland reserves the right to cancel this contract with a 15 day notification.
Leased parking will be billed monthly. Monthly payments are due no later than the 10th of the month.
Payments not received within 30 days will be subject to cancellation and sent to collections.
The City of Lakeland is not responsible for damage, theft of your vehicle or contents of the vehicle, or any personal injury occurring at City operated parking facilities and lots.