



CITY OF LAKELAND PARKING SERVICES
INDIVIDUAL MONTHLY LEASED PARKING AGREEMENT
PHONE: 863-834-6303
314 E. Main St. Lakeland, FL 33810

ACCT #: _____ LOCATION: _____
NUMBER OF SPACES: ____1____ LEASE RATE (plus tax): \$ _____
DECAL # _____ PROX CARD # _____ GATE REMOTE # _____
NAME: _____ DRIVERS LICENSE # _____
WORKPLACE: _____
BILLING: COMPANY: _____ OR INDIVIDUAL: _____ PHONE # _____
BILLING ADDRESS: _____
CITY/STATE/ZIP: _____
BILLING STATEMENTS: EMAIL: _____ PAPER: _____
VEHICLE LICENSE PLATE# _____ STATE: _____
MAKE/MODEL/YEAR/COLOR: _____

I accept the parking policies as noted below and confirm all information listed is correct:

LESSEE SIGNATURE: _____ DATE: _____

CITY STAFF SIGNATURE: _____ DATE: _____

All leased parking vehicles must park in permitted areas only.

Loss of prox card for access will cost **\$25.00 (non-refundable)** for a replacement. (Main St. Garage only)

Loss of permit/placard will cost **\$5.00 (non-refundable)** for a replacement. (All Permit Areas)

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 30-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.