



# Alpha Management Corporation

1283 Commonwealth Ave., Suite 1  
Allston, MA 02134

TEL: 617-789-4445, FAX: 617-789-4408

Permit #	_____
Start Date	_____
End Date	_____

## PARKING APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APT. NO: \_\_\_\_\_

PHONE: \_\_\_\_\_

*License Copy*

**Describe Car:**

CAR MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_

MODEL: \_\_\_\_\_ PLATE: \_\_\_\_\_

SIZE: SMALL/LARGE STATE: \_\_\_\_\_

PAID: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

Parking lot users must agree to the following conditions and must sign this form.

1. Alpha Management will not be held responsible for any loss or damage while the car is on its premises.
2. If rent on the parking space is not paid in a timely manner for the month, the car will be towed at the owner's expense.
3. Alpha Management is not responsible for unauthorized cars being parked in the lot. A spot is not guaranteed for each car.
4. The term of the parking is \_\_\_\_\_ months. The penalty for canceling the parking spot before the end of the agreed term will equal 2-months rent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_