



Brickell City Tower Building Access Application

Name:	(LAST)	(FIRST)	(MIDDLE INITIAL)

Company Name:

Company Address:

(STREET)	(FLOOR/SUITE)
(CITY)	(STATE)
(ZIP CODE)	

Home Address:

(STREET)	
(CITY)	(STATE)
(ZIP CODE)	

Business Phone:	Ext.	Home Phone:	E-MAIL

Primary Car	N/A	N/A	N/A	N/A	N/A
	(MAKE)	(MODEL)	(YR)	(COLOR)	(STATE/LIC PLATE #)

Secondary Car

	(MAKE)	(MODEL)	(YR)	(COLOR)	(STATE/LIC PLATE #)
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Please Check One:	Send Invoices To:					
	Business Address X					ATTN:
	Home Address					

I certify that the above information is correct as of this date, and agree to give prompt written notice of any changes to Standard Parking ("Operator"). I understand that payment of parking charges is due before the 1st day of the month to which the charge applies, and that non-payment will result in the cancellation of parking privileges. I agree to fully comply with the Rules and Regulations concerning Pass Holder Parking rights on the reverse of this application form and which may be in effect from time to time.

(DATE)	(SIGNATURE OF PASS HOLDER)
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FOR OFFICE USE ONLY

Effective Date:	Cancellation Date:	Other: BUILDING ACCESS ONLY \$25.00
Keycard/AVI Tag Number:	Rate: \$25.00	
Account Number:	Accepted By:	
Client Authorization (if necessary):		