



OVERNIGHT PARKING REQUEST FORM

_____ located at Brickell City Tower, 80 S.W.

(Tenant Name)

8th Street, Miami, Florida 33130 is requesting that the below referenced vehicle/vehicles be left in the parking lot overnight beginning _____, _____ and ending

(Month) (Day) (Year)

_____, _____.

(Month) (Day) (Year)

The owner and/or owners of the vehicle and/or vehicles agree to hold Landlord, Madison-OFC Brickell FL LLC. Harmless against any and all claims, losses, costs, damages or expenses resulting from the vehicle and/or vehicles overnight parking.

Below please find regulations for overnight parking:

-Form must be dropped off to the parking office or Scanned to obosqueshernandez@spplus.com before 4:00pm for approval.

-Authorized vehicles must park on the 16th level of the parking garage.

- Please note that vehicles may not be left overnight more than 7 days.

Please fill out vehicle information and scan to Obosqueshernandez@spplus.com

Owner's name: _____

Make/Model: _____

Tag Number: _____

Address: _____

Phone number: _____

Parking Garage Level: _____ 16th _____

Suite number: _____