



Hilton Chicago Loc # 72363
MONTHLY PARKING APPLICATION

Columbia College Faculty / Staff

NAME/COMPANY _____ ATTN: NAME _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: (HOME) _____ (BUSINESS) _____ (CELL) _____

MAKE OF CAR _____ MODEL _____ YEAR _____ COLOR _____ LICENSE PLATE NO. _____

STATE OF LICENSE PLATE _____ EMAIL ADDRESS _____

Enclosed is my check for \$ _____, and a \$ _____ activation fee. I understand that (i) parking privileges are provided on a monthly basis only, (ii) the parking fee (which is subject to change) is to be paid, in advance, by the 5th day of each month, (iii) there will be a \$50.00 charge to replace my keycard if it is lost or damaged, (iv) payment of parking fees grants me a license to park only and does not create any bailment of any kind, and (v) I can cancel as of the end of any given month by giving at least 30 days advance written notice to Garage Manager on-site. If this is not possible then written notice should be sent to Standard Parking, 900 North Michigan Avenue, Suite 1600, Chicago, Illinois 60611.

Applicant's Signature Date: _____, 20____

Please make all checks payable to: "Standard Parking."

No Allowance is made for vacations or other periods when your car is not in the garage. If your account is delinquent, your keycard may be deactivated and/or your car may be locked up or removed by towing (at your expense) until payment in full is received. We reserve the right at any time to terminate parking privileges effective on the date we specify in our notice to you; if we terminate prior to the end of the month, the prepaid monthly fee will be prorated and the unused portion will be refunded.

We cannot be responsible for damage to or loss of your vehicle or for any items or valuables left in your car. Our employees are not authorized either to accept responsibility for or to store any such items.

Account No.: _____ Keycard No.: _____ Decal No.: _____

Effective Date: _____ Activation Fee: _____

Cancellation Date: _____ Rate Code: _____

OFFICE USE ONLY: