

WESTERN ASSET PLAZA OVERNIGHT/EXTENDED PARKING FORM

**All fields are required*

Company* _____ Building* **Western Asset Plaza** Suite* _____

First Name* _____ Last Name* _____

Phone Number* _____

Dates on which vehicle will be parked:

From* _____ to* _____

Vehicle Information:

Make/Model* _____

Color* _____

License Plate No.* _____

Location of Vehicle* _____

(TENANTS AND THEIR EMPLOYEES MUST SIGN LIABILITY WAIVER)

WAIVER OF LIABILITY

The undersigned hereby acknowledges that they have lawful ownership or custody of the above-described automobile and that neither the owner nor its management agent (collectively, "Owner") shall under any circumstance be liable for any damage or loss that may occur to the automobile or any article left in the automobile. The undersigned hereby waives, for the benefit of the Owner, Owner's agents and insurers, and all claims, causes of action or other rights of any kind that otherwise might exist against any of them with respect to overnight/extended parking services.

Tenant / Tenant Employee Signature:* _____ **Date:*** _____

Print Name:* _____

Submit this form via e-mail to mcortez@aceparking.com and scerna@aceparking.com

For assistance or questions regarding this form, please contact the Parking Office at (626) 219-1206