

Overnight Parking Request

Contact Info.	Vehicle Info.
Name:	Make of Vehicle:
Company:	Type/Year
Vehicle: Access E	Badge # Color:
Cell Phone:	License Plate
# Auto Insurance	Information
Insurance Co.	
Agent Name:	Agent Phone #
Parking Info.	Maximum number of days to store vehicle in the garage: 10 days
Location:	
From (date):	То
Emergency Conta	ict
Name:	Phone :
Disclaimer	
the Center's owners Group) from and aga	, hereby indemnify and hold harmless Sunnyvale CityLine (the "Property"), (SPF Mathilda, LLC), and the Project's managing agent (RiverRock Real Estate inst any claim, demand, damage, debt, liability, cost, expense, or any other loss

incurred in connection with parking a vehicle(s) on the "property" (as described above) or damage to any other vehicle/property as a result of parking on the "property" (as described above). Any damage, theft or any such occurrence incurred to (and/or from) the vehicle while parked at Sunnyvale City Center is the sole responsibility of the owner. I understand that this special request for overnight parking does not in any way guarantee that the vehicle(s) (as described above) will not be towed and removed from the property should any unforeseen circumstances develop and/or arise.

I, _____, realize the risk of leaving an unattended vehicle parked on private property for an extended period of time and in no way shall hold the owners and/or the managing agent for Sunnyvale City Center liable should any damage or loss occur to my vehicle and/or to any other vehicle or property as a result of parking on the "property" (as described above). Name: _____

Signature:_____

Date:

Approval from Office Manager

Please email request to jhuerta@lpc.com. If you have any questions, please call (408) 736-7609.