



33 N. Third Street, Columbus, OH 43215
Phone 614-221.4736 Fax 614.221.4739

Date: _____

DOWNTOWN CLEVELAND
12th STREET GARAGE
APPLICATION FOR PARKING

Effective Date: _____

Parking Lot Location: 12th Street Parking Garage

Each card key requires a \$25.00 refundable deposit.

PERMIT OPTIONS

(Please initial to the left of your option choice)

- _____ Reserved \$150.00 per month
- _____ Non-Reserved \$130.00 per month
- _____ Rooftop Parking \$110.00 per month

EVENT PARKING (credit card only)

_____ Game Day Event Parking - \$10 per car. Buy 10 in advance and get 1 free

Tailgating Packages:

- _____ Package 1 - One tailgating slot on surface lot + 10 garage parking passes - \$110
- _____ Package 2 - One tailgating slot on surface lot + 20 garage parking passes - \$210

If applicable, please apply discount code # _____ to my monthly cost. See www.evbc.com for details.

Please include me in the Affinity Program for _____ (company)

Referred by _____ (name)

_____ email _____
(address)

PAYMENT OPTION

_____ EZ Pay Plan (Fill out and send in the attached EZ Pay Plan Form with this Application).

Name: _____

Office Phone #: _____ Home Phone # _____

E-Mail Address: _____ Employer: _____

Home Address: _____

List all vehicles authorized to occupy parking space. All unauthorized cars shall be towed from the lot:

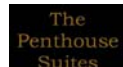
Make/Model	Color	License #
1. _____		
2. _____		

USE OF THIS PARKING LOT IS DONE SO AT THE SOLE RISK OF PARKER. PARKING LOT OWNER/MANAGER IS NOT RESPONSIBLE FOR THEFT, VANDALISM, DAMAGE OR HARM OF ANY KIND TO ANY VEHICLE, PERSON AND/OR ANY PROPERTY LEFT IN THE VEHICLE OR ON THE PREMISES. YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND AGREEMENT OF THIS PARKING CONDITION

Signature

Date

The above parker acknowledges that any car parked without a authorized parking key card will be towed at their expense. Please forward this Application and EZ Pay Form back to: Joyce Shively, Lease Administrator via Fax #614-221-4739 or e-mail at jshively@evbc.com



E Z PAY FORM

(Authorization Form for Automatic Withdrawal)

I, _____, hereby authorize the deduction of my parking rent and/or other charges
(name)
as it relates to my occupancy located at the 12th Avenue Parking Garage of Ohio Parking
Systems of Cleveland from the financial institution named below. Such withdrawal(s) will be
made on the date(s) indicated below and pursuant to instructions listed below for subsequent
transactions.

E Z Pay Commencement Date: _____

Frequency of Withdrawal: (x) Monthly . _____ (1st thru 5th of month)
Day of Month

Early Bird automatic refill program participants charges will occur on the 20th of the month prior to receiving the next month's booklets.

AMOUNT OF WITHDRAWAL: _____ (\$ _____)

Financial Institution: _____

Account Number: _____ **Routing Number:** _____

ADDITIONAL INSTRUCTIONS: _____

Any request to modify this authorization must be submitted in writing to the Lessor thirty (30) days prior to the date for which modification is being requested. Such notice must be sent via certified mail and directed to:

Accounts Receivable Dept., 33 North Third Street, Suite 500, Columbus, Ohio 43215.

Signature

Date

ATTACH COPY OF YOUR CHECK HERE:

