



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

Date: \_\_\_\_\_

**APPLICATION FOR PARKING**

Effective Date: \_\_\_\_\_

Parking Lot Location: Carlyle Parking Lot between Wood and Smithfield Street on 4<sup>th</sup> Avenue

- An activation fee of \$25 is required for the issuance of an RFID tag. Additional fees may be charged for lost or damaged access tags.
- Proration of monthly charges will be done on a half-month basis only. The first half of any month will be the 1st to the 14th, and the second half will be the 15th until the end of the month.

**PERMIT OPTIONS**

*(Please initial to the left of your option choice)*

\_\_\_\_\_ Permit Option#1 – **Reverse Parking Permit, month to month basis. Parking Privileges from 4:00 PM to 9 AM Monday through Friday and all day Saturday and Sunday.** This is ideal for those of you who live in the City but commute out of town each day. \$104.00 per month

\_\_\_\_\_ Permit Option #2 –**24/7 Parking Permit, month to month basis. Access to the parking lot 24 hours a day, 7 days a week.** \$205.00 per month

\_\_\_\_\_ Permit Option #3 – **3 Years Parking (36 months). 24/7 Parking Permit. Access to the parking lot 24 hours a day, 7 days a week. \$6,273.00 for 3 years.** (\$7,380.00 less a 15% discount)

\_\_\_\_\_ Permit Option #4 – **5 Years Parking (60 months). 24/7 Parking Permit. Access to the parking lot 24 hours a day, 7 days a week. \$10,455.00 for 5 years.** (\$12,300.00 less a 15% discount)

**PAYMENT VIA TENANT PORTAL ONLY**

You can access this by going to our web site [www.evbc.com](http://www.evbc.com) and click on "Click to Pay Your Rent"

**Permit options 1 and 2: all parking rent is due to be received by no later than the 1<sup>st</sup> of each month for parking privileges for that month. A late fee will be assessed any payments received after the 5<sup>th</sup> of each month or parking privileges can be revoked.**

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. PARKING CAN BE TERMINATED AT WILL BY THE OWNER WITH OR WITHOUT CAUSE. YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND AGREEMENT OF THIS PARKING CONDITION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above parker acknowledges that any car parked without an authorized parking permit displayed will be towed at their expense. Please forward this Application back to: Joyce Shively, Lease Administrator via Fax #614-221-4739 along with your completed EZ Pay Plan Form or payment or e-mail at [jshively@evbc.com](mailto:jshively@evbc.com)