

**PARKING LOT
RENTAL CONTRACT**

LOT NAME (check one) SPACE# _____

- Roxy Lot \$25.00
- Trinity Lot \$25.00
- Main Street Lot \$25.00
- Lower Biggers Lot \$25.00
- Franklin Street Lot \$25.00
- Third Street Lot \$25.00
- Cumberland Plaza \$30.00
- Transit Garage \$40.00
- Residential Permit \$30.00

Name of Applicant _____
Place of Business _____
Daytime Telephone _____
Fax Number _____
Email Address _____
Mailing Address _____

<u>License Plate #</u>	<u>State</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____
Vehicle #3	_____	_____	_____	_____

Monthly payments will be due the 1st of each month. Any payments received after the 10th of the month will result in your sign being taken down and your space available to rent. Please see attached rules and regulations. Make checks payable to Clarksville Parking Authority.

I hereby agree to the terms of the above contract and understand that failure to carry out the terms of this agreement will result in the loss of my parking space.

Signature of Applicant

Date