

**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
- Cumberland Plaza \$30.00
- Transit Garage \$40.00

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 1<sup>st</sup> of each month and payable no later than the 15<sup>th</sup> of each month to avoid late fees. You will be charged a \$5.00 late fee if you are retaining the space and may be fined \$40.00 for parking in the reserved space. Please see attached rules and regulations. Make checks payable to Clarksville Parking Commission.

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