

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
HOME PHONE _____
WORK PHONE _____
APPLICATION FOR 471 N. WABASHA ST.
REQUESTED CONTRACT START DATE _____
E-MAIL ADDRESS _____

Return to: Keefe Co. Parking 145 East 7th St St. Paul, MN, 55101 Phone: 651-291-1981 Fax: 651-665-0219
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CONTRACT PARKING AGREEMENT

Keefe Co. Parking requires a \$20.00 deposit (cash/check only) from all new contract parkers to ensure performance in complying with a few simple responsibilities necessary to help us manage our facilities more efficiently. Your \$20.00 refundable deposit and first month's rental payment, if applicable, need to accompany this completed agreement when making application for contract parking. Please read the Conditions for Contract Parking below, and sign and date this contract where indicated. New monthly contracts are accepted through the Fifth (5th) calendar day of each month.

CONDITIONS

1. All monthly payments are due by the 1st business day of each month, without notice. Payment can be sent to address above, paid at the parking facility by placing payment in pay box, by direct debit authorization (please submit authorization form), or automatic revolving credit charge (please submit authorization form). **No invoice will be sent**, so please take note of this fact. Keefe Co. reserves the right to impose a \$10.00 late fee, and/or cancel parking privileges on this contract if payment has not been received by the 3rd business day of any month. Keefe Co. Parking also reserves the right to forward delinquent accounts to third-party agencies for collection.
2. Contract parking is cancellable by either party upon a Thirty (30) day **Written** notice. No verbal notices will be accepted. Notice of intent to cancel parking privileges must be directed to the address above or sent by email to accounting@keefecoparking.com. All cancellation notices are processed at the end of the month for termination of parking privileges. Any cancellation notice received after the first calendar day of the month will be processed at the end of the following calendar month. Once notice of termination has been received at our office and parking privileges have expired, your access card should either be mailed to our main office or personally delivered to our on-site attendant, so that we may refund your deposit by mail. Please note that your deposit cannot be credited toward your last month's parking fees, nor is it transferable. In all instances, a numbered access card will be individually assigned to you, and only that card will be accepted upon termination for a full refund. Failure to provide a full **30 Day Written** notice will result in your account being charged the next calendar month. No pro-rating of parking fees will be offered in response to any failure to fully enjoy parking privileges during any portion of any month.

3. There is a Two (2) month minimum term to this contract parking agreement. After that time, the term is on a month to month basis.
4. This Contract is contiguous until terminated.
5. Contract parking rate is subject to change on Thirty (30) days written notice, by US mail or e-mail.
6. There is a \$10.00 charge to replace any lost or damaged permit.
7. Permit must be displayed on rear-view mirror, or in the lower left of the driver side windshield at all times. Please display the permit so that the data is visible through the front window. Only 1 vehicle per parking permit is allowed on lot at any one time.
8. Keefe Co. assumes no liability for the loss of, or damage to your vehicle and/or contents contained within for any reason including, but not limited to storm, fire, theft, or collision.
9. This parking location cannot be used as vehicle storage. Your vehicle must be operable at all times and moved at least once a week. Keefe Co. Parking reserves the right to terminate this contract in the event it is used for long-term vehicle storage.
10. Event Parking is **Not** included in this contract. If event rates are posted, you must either remove vehicle from lot or pay the posted special event rate.

I have read this agreement, fully understand the stated conditions, and hereby accept them as witnessed by my signature below.

Signature _____ Date _____

For Office Use Only

Agent _____ Monthly fee _____ (sales tax included)

I.D.# _____ Deposit _____ Location _____