MIAMI TOWER
100 SE 2nd Street, Suite 1900 Miami, Florida 33131
305-539-7100 Fax 305-539-7078

PARKING AUTHORIZATION FORM FOR GARAGE # 4

PARKING APPLICANT: _____

COMPANY:_____

SUITE #: _____

TENANT AUTHORIZATION

TENANT CONTACT PLEASE INITIAL ONE:

_____TENANT ACCOUNT _____INDIVIDUAL ACCOUNT

DOSP: The box initialed above indicates whether this is on the company account or is to be set up as an individual account.

As an authorized contact for the above referenced company, the applicant is an employee of this company.

_____
Signature of Approval Date
Print Name:_____
Title: _____

****Per your Lease, you are entitled to _____ space(s). Prior to this request, your company is currently occupying _____ space(s).**
****Please submit your completed form to Building Management for approval and submission to Miami Parking Authority.**

BUILDING MANAGEMENT AUTHORIZATION

_____

Signature of Approval **Date**
(Sign and Print)