



**OVERNIGHT PARKING
REQUEST & AUTHORIZATION**

Tenant Name: _____ Suite: _____

Person Making Request: _____ Phone # _____
(Print Name)

VEHICLE INFORMATION:

Year: _____ Make & Model: _____

Color: _____ License Plate No: _____

Date(s) vehicle to be left overnight *(Limit of 3 days only, NO exceptions)*

From: _____ To _____

Level _____ of the parking garage or _____ Surface Parking Lot (weekends ONLY)

Tenant Authorization (*Print Name*) Signature Date

TPMC/Landlord's Representative Date

THE PROPERTY OWNER AND MANAGEMENT COMPANY ARE NOT RESPONSIBLE FOR VEHICLES PARKED AT THE PROPERTY AT ANY TIME, THIS AUTHORIZATION IS NOT INTENDED TO IMPLY OTHERWISE.

PLEASE RETURN THIS FORM TO:
Tanglewood Property Management Company
5599 San Felipe St., Suite 106 ♦Houston, Texas 77056
Email: admin5599@tanglewoodproperty.com
Phone: (713) 621-1300 Fax: (713) 621-0218