PARKING SPACE REQUEST FORM/PARKING SPACE REMOVAL FORM

Property Name: ___AGF Preston II, LTD dba Preston One Office Building__

Request: _____ New Space _____ Removal of Parking Space

Company Name _____ Suite #: _____

Owner of Vehicle _____

Vehicle Make & Model: _____

Vehicle Color: _____ License Plate #:_____

Parking Space Location (This is at the discretion of the landlord)

_____

_____

There is a $50 monthly charge plus tax for each space and also a one time fee of $35.00 plus tax for the parking sign .

_____
Authorized Signature:

_____
Printed Name:

_____
Date:

Please return this form to the management office of Fobare Commercial, L.P.