DATE EFFECTIVE_____



MONTHLY PARKING AGREEMENT

THE RHODE ISLAND CONVENTION CENTER AUTHORITY AGREES TO PROVIDE ACCESS TO UNRESERVED PARKING SPACE IN THE CLIFFORD STREET GARAGE FOR AN INTITAL PERIOD OF ONE MONTH

ONE MONTH.		
EMPLOYER	Wexford Point 2	25 Building
PLEASE FILL IN ALL INFOR	RMATION BELOW	
NAME	PHONE	
EMAIL ADDRESS		
ADDRESS		
	STATE	ZIP
VEHICLE DESCRIPTION VEHICLE #1	VEHICL	JE #2
Color:	Color:	
Make:	Make:	
Model:	Model:	
Year:	Year:	
License Plate#:	License Plate#:	
Registration (State):	Registration (State):	
is for access to parking ONLY. Neither the RI Con	onth at the sole discretion of the RI Convention Center/SMG or nvention Center/SMG or its representations shall be responsible Monthly Parking Customer Policies and Procedures.	
RI CONVENTION CENTER/SMG REPRESENTATIVE		ATE
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