

# Pacific Center Parking - Overnight Parking Request

(I understand leaving my car overnight in the parking structure does not guarantee the security or safety of the vehicle and therefore shall not hold ABM Parking Services, Commonwealth Properties or FSP Pacific Center, LLC responsible for Fire, Theft, Damage or any sort of loss to the vehicle or its contents.)

**Parker Name:** \_\_\_\_\_

**Access Card Number:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

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Fold along the dotted line and display the lower portion on the dashboard.

**Vehicle Make/Model/Color:** \_\_\_\_\_

**Vehicle License Plate#:** \_\_\_\_\_

**Length of Stay**  
(vehicle cannot park for more than 10 days)

Entry Date: \_\_\_\_\_

Exit Date: \_\_\_\_\_

## Location of Vehicle

Level (1-6): \_\_\_\_\_

Direction (N/S/E/W): \_\_\_\_\_

**Parking Contact Info:** [Pacificcenterparking@abm.com](mailto:Pacificcenterparking@abm.com) : 619-233-2000

**Approved By:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

