



**Pacific Center Parking Garage**  
**Overnight Parking Request**

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

**Pass Number:** \_\_\_\_\_

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

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

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

**Vehicle License Plate Number:** \_\_\_\_\_

**Length of time vehicle will be in the garage:**

Entry date: \_\_\_\_\_

Exit date: \_\_\_\_\_

**Location of parked vehicle:**

Level: \_\_\_\_\_

Direction: (N/S/E/W)      E

**Parking Contact Info:**

Jazmin Martinez

Account Lead

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