



**Pacific Center Parking Garage
Overnight Parking Request**

Parker Name: _____

Access Card Number: _____

Employer Name: _____

Contact Number: _____

Vehicle Make/Model/Color: _____

Vehicle License Plate# _____

Length of time vehicle will be in the garage :(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

Jeff Baloy

PacificCenterParking@abm.com