



## OVERNIGHT PARKING REGISTRATION FORM

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parking Start Date: \_\_\_\_\_ Parking End Date: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Color: \_\_\_\_\_

All persons parking their vehicle on IAS property do so at their own risk. Under no circumstance shall IAS be responsible for the loss or damage to any vehicle, its content or equipment.

Signature: \_\_\_\_\_

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

*Please Submit Filled Form In The Main Office Of IAS Or To Any Board Member*