



Parking Sticker Form

Contact Information: Date: _____

Name: _____

Company: _____

Company Address: _____ Suite: _____

Company Telephone Number: _____ Fax Number: _____

Normal Hours: _____

In case of "after hours" emergency, number where you can be reached: _____

Vehicle Information:

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--------------------------|-----------|-----------|-----------|
| Make: | | | |
| Model: | | | |
| Color: | | | |
| Year: | | | |
| License Number: | | | |
| State of License: | | | |

*** Please notify NT Realty of any vehicle changes or licence number changes. Thank you. ***

Parking Lot _____

Stickers Issued (completed by NT Realty):

| | | | |
|------------------------|--|--|--|
| Sticker Number: | | | |
| Date Issued: | | | |

Company Authorization:

The following person is your company contact for NT Realty to verify the above applicant's employment. Final authorization to receive a parking sticker is at the discession of NT Realty.

Authorized By: _____ Date: _____

Printed Name: _____

NT Realty use only

Entered by _____ Date: _____