



CHOWN PROPERTY MANAGEMENT INC.

Parking Space Request Form

Complete this form and email, fax, or mail it to Chown Property Management Inc.

Corporation: _____ Condominium Corporation No. _____
(ex. Niagara North or Niagara South)

Property Address: _____ City: _____

Unit Number: _____

Unit Owner Surname: _____ Given Name: _____

Email: _____ Phone: _____

Reason:

Primary Parking Space: _____ Additional Parking Space: _____ Cancel Parking Space: _____

Place my name on the waiting list: _____ *Date of entry to wait list: _____ (date to be entered by management office)*

Start or Cancellation Date: _____

Occupant of Parking Space

Surname: _____ Given Name: _____

Vehicle Make & License Number: _____

Email: _____ Mobile Phone: _____ Home Phone: _____

****Rental payments are to be provided by the unit owner unless otherwise authorized by management.***

I (We) authorized Chown Property Management Inc. and the Condominium/Association to provide a rental parking space or to cancel a parking space as noted above. If renting a space I (We) accept responsibility to keep current with rental payments providing payments on the first of each month via preauthorized bank debit or by cheque payable by installments six month in advance without notice. I (We) acknowledge that vehicles will be towed from the parking space without notice if the parking rent is not kept current as outlined herein.

Authorized signature (unit owner): _____ Dated: _____

Authorized signature (tenant if applicable): _____ Dated: _____

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