



PARKING RENTAL LEASE

Renter Name: _____

Home Address: _____

Employer: _____

Employer Address: _____

IL License Plate(s): _____

Phone: (_____) _____ (_____) _____
Home Work

E-mail Address: _____

The City of Urbana, Illinois, hereinafter "City", agrees to lease to the above "Renter Name" (hereinafter called "Lessee"), the vehicle parking space identified below for the quarter indicated below at the quarterly rental fee set forth below, it being understood, however, that such quarterly rental period and all terms of this lease shall be automatically extended by the parties unless either shall notify the other in writing before the expiration of the then current quarter, unless the City terminates the lease earlier under the provisions set forth herein.

Lessee agrees to pay the quarterly rental fee indicated below in advance **before** the 1st day of each and every quarter. If the rental fee is not paid by the close of business on that day*, then a late charge of \$15.00 shall be due and payable. If the entire quarterly fee plus the late charge are not paid by 5:00 p.m. on the 5th day of the quarter*, the lease shall be forfeited effective immediately without further notice to the Lessee the space shall be made available to rent to another party.

Two weeks prior to the onset of the next quarter, the City shall send notice of the rent due by U.S. Mail, first class postage fully prepaid to the address set forth for the lessee above. Lessee shall keep the City informed of their current address. Failure to receive this courtesy notice shall not relieve lessee from liability to make the payments required herein on time.

SIGNATURE OF LESSEE _____
DATE

*(or if such day falls on a Saturday, Sunday or legal holiday, by the close of business on the first day following)

F O R O F F I C E U S E O N L Y

CITY PARKING GARAGE

[] Reserved – 5 days / 7am–6pm
SPACE # _____

[] Unreserved - 5 days / 7am–6 pm
NUMBER OF SPACES _____
SPACES # _____

MONTHLY GARAGE COST \$ _____

PROXIMITY ENTRY CARD \$ _____

CITY LOT

LOT # _____ SPACE # _____
LOT # _____ SPACE # _____
LOT # _____ SPACE # _____

All Lot Spaces are: 5 days / 7am–6pm

MONTHLY LOT COST \$ _____

TOTAL QUARTERLY COST \$ _____ **EFFECTIVE DATE** _____