

Hope Central Church Parking Application

Name of applicant: _____

Home address: _____

City/State/Zip code: _____

Phone (work): _____ Phone (home): _____ Email: _____

Employer: _____

Automobile Information

Make: _____ Model: _____ Color: _____ Plate #: _____

Parking Rate: _____ \$630 / 6 months

6am-7pm commuter parking

Payment may be made **in full** or in **monthly installments of \$105**. Payment is due on or before the first day of each subsequent month.

_____ \$1,020 / 6 months

24/7 parking

Payment may be made **in full** or in **monthly installments of \$170**. Payment is due on or before the first day of each subsequent month.

Make payment (check or money order, please; no cash or credit cards) in hand or by mail to:
Hope Central Church, 85 Seaverns Avenue, Jamaica Plain 02130 Attn: Parking Lot Manager

Start Date: ____ / ____ / ____

Applicant's signature: _____ Date: ____ / ____ / ____

Vehicle owner assumes all risks. Neither Hope Central Church nor its agents, including employees or members, assume any responsibility or liability for loss, damage, theft, injury, or vandalism sustained to vehicles or persons as a result of any negligent, malicious, or criminal activities or acts of nature that may occur in the Hope Central Church parking lot or elsewhere on church property.

Owner responsibilities: Vehicle owner must maintain vehicle in working condition, registered and insured. During the winter months, if your car is in the lot when the lot is plowed you will be responsible for snow removal behind your car and in your space.

Owner accepts these terms and conditions. _____
(Signature and date)

Upon receipt of payment, a **Special Authorization Parking Permit** for your vehicle will be mailed to you at the address listed above.

VEHICLES PARKED WITHOUT AUTHORIZATION WILL BE TOWED.
Hope Central Church reserves the right to reject applications and revoke permits.