



1132 Bishop Street-Ground Level  
Honolulu, Hawaii 96813  
Telephone: (808) 440-2766  
Facsimile: (808) 522-1294

**OVERNIGHT  LONG TERM PARKING  Date: \_\_\_\_\_**

Company Name: \_\_\_\_\_ Suite: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

|  |  |                   |
|--|--|-------------------|
| Requested Parking Dates:                   | From: _____  | To: _____         |
| License Number:                            | _____  | Make/Color: _____ |
| Access Card No.:                           | _____  | Decal No.: _____  |
| Reserved Assigned <input type="checkbox"/> | Level: P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> | Stall _____       |
| Unreserved <input type="checkbox"/>        | Level: P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> | Stall _____       |
| Tandem <input type="checkbox"/>            | Level: P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> | Stall _____       |

**Parking Procedures:**

1. Vehicle must be parked against the wall as directed by Valet.
2. All valuables must be removed from vehicle.
3. Owner/Driver (s) must leave vehicle keys with – designated emergency contact person.
4. ***For all unassigned single and unassigned tandem parkers. Maximum long-term parking is 1-week/seven (7) days.***
5. Vehicles left on the premises over 1-week will be subject to removal of vehicle at owner/driver (s) expense.

**Acknowledgement:**

I have read and complied with the above procedures. I further understand and agree that neither the building owner nor the parking contractor will assume any liability whatsoever for any damages or loss that may occur to my vehicle during the above stated period.

\_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
DE Management Hawaii, LLC - Building Management Approval \_\_\_\_\_ Date

\_\_\_\_\_  
ABM Parking Services - Manager Signature \_\_\_\_\_ Date