



225 Fullarton Rd Eastwood SA 5063
PH: 8373 5555 Fax: 8373 5676

Permanent Parking Details Form

To commence permanent parking complete this form and return it with your payment of \$_____ for the month of _____ and your \$30.00 access card deposit to the car park attendant or mail or fax it to our office.

Surname: _____

First Name: _____

Invoicing Address:

No. & Street: _____

Suburb: _____

Postcode: _____

Phone No: (W) _____ (H) _____

Car Details:

Rego: _____ Make: _____

Model: _____ Colour: _____

Commencement date:

I have read the parking terms and conditions and agree to be bound by them.

Signed.....