

CAESARS SUPERDOME PARKING INFORMATION SHEET

TYPE OF CONTRACT:

____ INDIVIDUAL

____ CORPORATE

____ TENENT

____ SMG EMPLOYEE

____ CENTERPLATE

OTHER _____

GARAGE # _____

CARD # _____

ACCT. # _____

CONTACT INFORMATION:

LAST NAME

FIRST NAME

MI

BILLING ADDRESS

CITY

STATE

ZIP CODE

HOME / CELL PHONE

EMAIL ADDRESS: _____

EMPLOYMENT INFORMATION:

COMPANY NAME

SUITE/ ROOM#

WORK PHONE

VEHICLE INFORMATION:

YEAR

1. _____

2. _____

MAKE

MODEL

COLOR

LICENSE PLATE

STATE OF REGISTRATION _____

ADDITIONAL PARKING CARD AND CANCELLATION INFORMATION:

The replacement fee for a lost, stolen, or damaged parking access card is \$20.00. When canceling a contract, please cancel within the month of your last parking date. If you park your vehicle in the garage at anytime during a month, you are responsible for parking the entire month.

LESSEE SIGNATURE

DATE

ENTERED BY/DATE: _____