

MALKIN PROPERTIES OF CT, INC.

MERRITTVIEW ACCESS CARD ACCEPTANCE FORM

Malkin Properties of CT, Inc. hereby issues access card # _____ for the privilege of parking one (1) vehicle at a time in the MerrittView Parking facility to:

FIRST NAME: _____ LAST NAME: _____

BUILDING: _____ COMPANY: _____

PHONE #: _____

1. CAR MAKE: _____ MODEL: _____

COLOR: _____ STATE: _____ LICENSE PLATE: _____

2. CAR MAKE: _____ MODEL: _____

COLOR: _____ STATE: _____ LICENSE PLATE: _____

3. CAR MAKE: _____ MODEL: _____

COLOR: _____ STATE: _____ LICENSE PLATE: _____

The access card holder agrees to abide by all reasonable rules and regulation now or hereinafter in effect pertaining to use of the garage, and to reimburse Malkin Properties for any expense as a result of violations thereof, including, without limitation, towing expense for obstructing vehicles or traffic lanes. Identification stickers must be affixed to the rear view mirror inside the vehicle. Failure to display identification sticker may result in towing costs in emergency situations.

It is recommended that access card holders and their passengers not leave in or on the vehicle any readily detachable or removable articles such as clothing, jewelry, purses, baggage, CB radios, radar detectors or cellular phone. Malkin Properties is not responsible for, nor shall Malkin Properties be deemed an insurer for losses or damages suffered by vehicles parked in this facility such as, but not limited to, thefts, vandalism or damage inflicted by other vehicles or individuals in the parking facilities.

The access card is the property of Malkin Properties, and there will be a \$25.00 charge for lost cards. (\$25.00 is the present cost of replacement cards but that cost is subject to change.)

Although retention and use of the issued access card continues an acceptance of the above terms, the requested information must be filled in above and the access card holder's signature provided below before the access card can be activated to allow entry into the parking facilities.

My signature below indicates that I have read all of the information provided on this Access Card Acceptance Form.

(SIGNATURE)

(DATE)

Please fax this form back to Tresha Rose at 203-353-4010.

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