

**Legacy Tennyson I & II  
Vehicle Overnight Parking Waiver**

Name \_\_\_\_\_ Company \_\_\_\_\_

Office Phone # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

Vehicle Location: \_\_\_\_\_

Please check one of the following:

1. \_\_\_\_\_ Out of town
2. \_\_\_\_\_ Mechanical Problems
3. \_\_\_\_\_ Other \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Hines Management and United Protection Security Services are not responsible for any damages to your vehicle during the time your vehicle is parked at Legacy Tennyson Center I & II. By signing this waiver you acknowledge being the owner of the vehicle and solely responsible for any damages that may occur while vehicle is on the lot.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_