

APPLICATION FOR Car Park



Date: / /

Car park address & number applied for:

Applicant (Full Name):

AKA:

Preferred Start Date:

ASAP

Vehicle Type:

Registration:

Current Address:

Cell Ph:

Work:

Home:

Email Address: *(v preferred contact e-mail)*

Work:

Home:

By submitting this form, you give permission for LRL to undertake appropriate checks and disclosures (including credit) for the purpose of this application and any future applications.

Please send completed application to LRL

Contact Details: james@flick.co.nz

Post

P.O. Box 5042
Wellington

Deliver

28 Hopper Street
Te Aro