



White Glove Service

CONTRACT MAINTENANCE "UPDATE" FORM

Property Name:		
Property Address:		
Business Fax:	E-Mail:	WWW:
Manager Name:		
	Property Mgr.	Site Mgr.
Business Phone:	Cel/Pager:	Home Phone:
Contact Person 2:		
Business Phone:	Cel/Pager:	Home Phone:
Contact Person 3:		
Business Phone:	Cel/Pager:	Home Phone:
Contact Person 4:		
Business Phone:	Cel/Pager:	Home Phone:
PROPERTY MANAGEMENT – Enter property management company or owner's name		
SECURITY – Enter name of security company with towing authorization. Leave blank if none.		
OTHER – SPECIFY INSTRUCTIONS:		
YES / NO:	PHOTO TOW - Tour and Tow Fire Lanes and Handicap Stalls	
YES / NO:	INSPECT PARKING PERMITS – Have authorized person verify and sign for parking violations.	CIRCLE APPROPRIATE SERVICES: TOW COVERED PARKING: TOW OPEN PARKING: TOW FROM VISITOR PARKING: TOW FROM OFFICE PARKING: OTHER:
YES / NO:	Additional pages attached with roster of persons who are authorized to sign for towing services.	Number of pages attached? ____
YES / NO:	Discard all previous names approved to tow vehicles: By indicating "Yes" you will need to give me a complete list of people authorized to sign. By indicating "No" all previous people will remain on the list of authorized signers.	
YES / NO:	Attached copy of Parking Rules	
PLEASE SIGN FOR SERVICE CHANGES AS THE AUTHORIZED PERSON:		Print Name:
		Effective Date: