



NORTHLAND CENTER

NORTHLANDCENTERMN.COM

EXTENDED PARKING FORM

Tenant Name: _____

Car Owner's Name: _____

Car Owner's Contact Number: _____

Make: _____

Model: _____

Year: _____

License Number: _____

Color of Vehicle: _____

Email: _____

Ramp and Location of Vehicle: _____

Dates Vehicle Will Be Left in Ramp: _____

Submit to:

Property Management

Cushman & Wakefield

northlandcentermn@cushwake.com

Fax: 855-299-7414

LEASED AND MANAGED BY



OWNED BY

