

Off Street Leased Carpark Lease Agreement



I wish to lease a parking space in the Hastings District Council off-street carpark at:

.....
(Carpark Name)

commencing
(Date)

I hereby agree to the following conditions:

1. To lease the parking space no/s. on a monthly basis
2. To pay the rental charge of \$..... per month, to be paid one month in advance
3. That the Hastings District Council may from time to time review its rental charge and terms of this agreement. I undertake to pay any increases in rental upon the Council giving me one months notice in writing of its intention to increase the rental
4. The **agreement may be terminated** by either myself or the Hastings District Council by giving **one months notice in writing of intention** to do so
5. That the carpark space shall be available for use by the public outside of the following hours:

Monday to Sunday	8.00am to 6.00pm
(Unless advised otherwise by Council)	
7. The Lease Dash Card displayed at ALL times



8. Should someone be parked within your leased space you must contact Council with the offending vehicle details as soon as possible so a Parking Officer can be dispatched to issue an Infringement Notice to the offending vehicle. You will be advised by a Council staff member where you can park temporarily while your space is occupied

You must turn your Lease Dash card over indicating that someone is in your space



You will be contacted by a Council staff member to confirm that your space has become vacant and you are required to move your vehicle to your Leased space within 1 hour of being advised

12. Should you decide to park in a space other than where you have been advised to park, then the rules and restrictions for that area will apply
13. DO NOT park in another Leased space
14. Should you allow another vehicle to park in your Leased space they must also adhere to the above

Please be aware that failure to do any of the above may result in an Infringement Notice being issued.

Hastings District Council does not accept responsibility for the loss of or damage to vehicles.

ACCOUNT HOLDER DETAILS (for invoicing purposes)

Full Name of Individual or Firm: _____

Account to be issued to: _____

Address: _____

Email: _____

Telephone Daytime: _____

Cellphone: _____

Registration Number: _____

Colour & Make of Vehicle: _____

Signed: _____ **Date:** _____