



## Unpaid Parking Lien Summary

Fill out and sign the form. Email this form, pictures of the VIN#, the DCA License & the original bill to [LIENPAPERS@LIENONIT.COM](mailto:LIENPAPERS@LIENONIT.COM) or visit [www.lienonit.com/spplus](http://www.lienonit.com/spplus) and upload your forms there.

212-653-0136  
 team@lienonit.com  
 www.lienonit.com

<b>BUSINESS INFO:</b>			<b>TODAY'S DATE</b>		
<b>COMPANY</b>			<b>LOCATION NO:</b>		
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>ST</b>	<b>ZIP</b>	
<b>MANAGER</b>		<b>PHONE</b>	<b>FAX</b>		<b>EMAIL</b>

**CUSTOMER INFO:**

<b>CUSTOMER NAME</b>		<b>ACCOUNT NO.</b>	<b>TICKET NO.</b>		
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>ST</b>	<b>ZIP</b>	

**VEHICLE INFO:**

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SPACE NO.</b>	
<b>PLATE</b>	<b>STATE</b>	<b>VIN NUMBER</b>		

**CHARGES INFO:**

		<b>MONTHLY</b> <input type="checkbox"/>	<b>TRANSIENT</b> <input type="checkbox"/>
		<b>MONTHLY RATE</b>	<b>DAILY RATE</b>
<b>FROM DATE</b>	<b>TO DATE</b>	<b>AMOUNT OWED</b>	

<b>SIGNATURE BELOW</b>		<b>PRINT NAME &amp; TITLE</b>	
		<b>CELL PHONE</b>	