

# FAIRWINDS CONDO ~~RESERVED~~ PARKING SPACE APPLICATION

(PLEASE PRINT INFORMATION)

## OWNER INFORMATION

OWNER NAME:

ADDRESS:

HOME PHONE NO:

WORK PHONE NO:

CELL PHONE NO:

EMAIL:

☐ I authorize my tenant to receive a Reserved Parking space in my absence and acknowledge I will be held responsible for rule violations of my tenant. My tenant is to pay for the Reserved Spot.

Owners Signature: \_\_\_\_\_ Date \_\_\_\_\_

## TENANT INFORMATION (IF APPLICABLE)

TENANT NAME:

ADDRESS:

HOME PHONE NO:

WORK PHONE NO:

CELL PHONE NO:

EMAIL:

☐ Copy of current lease is attached this application.

☐ Add me to Fairwinds Condo e-mail list. **NOTE:** E-mail list is not for commercial purposes.

## I HEREBY REQUEST ASSIGNMENT OF A RESERVED PARKING SPACE FOR THE FOLLOWING REASONS

	Proof Provided
A) As an individual with a State or Government issued disability placard or plate ( current proof must be submitted with application)	
B) As a tenant – Owner must sign as all future renewals will only be sent to owners ( proof is in the form of a lease)	

## VEHICLE INFORMATION:

<u>VEHICLE 1:</u>	<u>VEHICLE 2:</u>
MAKE	
MODEL	
COLOR	
STATE & PLATE:	

## ACKNOWLEDGEMENT \$200.-

It is my understanding that, upon submittal of this request I will be charged a fee of \$~~200.00~~ for the space. I also understand that it will be my responsibility to initiate action (call office or Emergency After Hours number) against anyone who may park in my reserved space without my permission.

SIGNATURE

PRINTED NAME

DATE

## MANAGEMENT USE ONLY:

RESERVED PARK SPACE AND DECAL #1

DECAL #2

DISABILITY APPROVED: ☐ Yes ☐ No

LEASE: ☐ Yes ☐ No

DATE SPACE ISSUED \_\_\_\_\_

TOTAL FEE RECEIVED:  
\$

CHECK/MONEY ORDER #: