

Visitor Parking Tag Request

Unit _____ Date: ____/____/____

I, _____ would like to request a visitor parking tag. I am the: Registered Unit Owner

Registered Seasonal Renter Registered Resident

I can be reached at # _____

Or email: _____

The vehicle/visitor information is as follows;

Visitor Name(s) _____

Vehicle Make _____ Model _____

Color _____ Plate # _____ State _____

Date of Arrival: _____ **Date of Departure:** _____

It is understood that the 55+ unit owner will be in residence while their visitor is on the property.

It is also understood that unit owner is responsible that all visitors follow the Rules and Regulations of the Association, while on Association Property. Further, that the Association assumes

NO LIABILITY for theft or damage to vehicles parked on the premises.

Signature _____

Date ____/____/____

-Tag should be hung from the rear view mirror with the date facing out. -

Your visitor tag may be picked up by going to the forms distribution box located at the back of the clubhouse and opening the designated box. Your visitor tag will be inside. You will be given the box number and combination once a Tag has been assigned to you.

OFFICE USE ONLY: _____ BOD Initials _____

Date Rcvd. _____ Tag # _____

Eff. Date _____ Expiration _____

Box # 1 2 3 4 5 6 7 8

Denied _____ Reason _____

Date & Time in Box _____ Notified: Phone Email