Dunlap Condominium Homeowners' Association, Inc.

c/o Vision Community Management 16625 S. Desert Foothills Parkway Phoenix, AZ 85048 (480) 759-4945 FAX (480) 759-8683 Email: dunlap@wearevision.com Parking Permit Release Form

Homeowner Name(s)

Property Street Address

COMPLETE IF OWNER'S MAILING ADDRESS IS NOT PROPERTY STREET ADDRESS:

Mailing Street Address

Mailing City, State, Zip, Country

Please choose one option from the following:

I (the Homeowner) will pick up one parking permit at the VISION office. PHOTO ID WILL BE REQUIRED.

My Tenant will pick up one parking permit at the VISION office. PHOTO ID WILL BE REQUIRED.

My Authorized Agent will pick up one parking permit at the VISION office. PHOTO ID WILL BE REQUIRED.

Please send one parking permit to the above mailing address via certified mail. I understand my account will be charged a <u>\$15.00</u> processing fee for this service.

Please provide information for either the Tenant or your Authorized Agent for passes to be released to. Parking passes may be

released to the following Tenant:

Authorized Tenant's Information:

Name:	Phone #:	_Email:	
Name:	Phone #:	_Email:	
Parking passes may be released to the following Authorized Agent:			
Authorized Agent's Information:			
Name:	Phone #:	_Email:	
Mailing Address:			
PHOTO IDENTIFICATION WILL BE REQUIRED			

I will be required to replace the existing guest parking permits with the replacement permits. I hereby acknowledge request for the parking permits for Dunlap Condominiums Homeowners' Association, Inc. It is the Homeowner's responsibility to notify guests and tenants of the Association's parking policy. Vehicles that are towed, will be towed at the vehicle owner's expense.

Homeowner Signature:	Date:		
	Office Use Only		
Parking Permit(s) Issued:	_Administrator Initials:	Other:	