

Amberwood Manor Association

Assigned Parking Verification Distribution Form

Instructions: Complete this form and return to Vision Community Management.

Contact Information:

Please PRINT Homeowner Name(s)

Unit Number Home Phone # Work Phone # Mobile Phone #

Email Address #1 Email Address #2

COMPLETE IF MAILING ADDRESS IS DIFFERENT:

PRINT Mailing Street Address PRINT City, State, Zip

Resident or Tenant Information (if different than homeowners):

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

Lease Term: _____ to _____

Property Management Company: _____

Management Company Phone: _____ Contact Name: _____

Please select () from the following options:

I (or my authorized agent) will pick up the form at the Vision Community Management office. Authorized agent will need to present picture ID.

Please send my Assigned Parking Verification Cards to the above mailing address via certified mail. I understand my account will be charged a \$15.00 processing fee for this service.

Homeowner or Property Manager Signature: _____ **Date:** _____