The Sanctuary at Avondale Homeowners' Association, Inc.

c/o Vision Community Management 16625 S. Desert Foothills Parkway Phoenix, AZ 85048

(480) 759-4945 FAX (480) 759-8683

Email: SanctuaryAtAvondale@wearevision.com

Information/Parking Permit Form

Homeowner Name(s)	Prop	erty Street Address	
COMPLETE IF OWNER'S MAILIN	G ADDRESS IS NOT PRO	PERTY STREET ADDRESS:	
Mailing Street Address	Mailing City, State, Zip, Country		
Please select an option from the	following:		
☐ I (or my tenant/authorized agent) w	ill pick up three guest parking p	ermits at the VISION office. PHOTO ID WILL BE	REQUIRED.
☐ Please send three guest parking charged a \$15.00 processing fee		g address via certified mail. I understand m	ny account will be
Please provide information for	or either the Tenant or y	our Authorized Agent passes may be	released to.
Parking passes may be release	sed to the following Ten	ant:	
Authorized Tenant's Information	:		
Name:	Phone #:	Email:	
Name:	Phone #:	Email:	
Parking passes may be release	sed to the following Aut	horized Agent:	
Authorized Agent's Information:			
Name:	Phone #:	Email:	
Mailing Address:			
	PHOTO IDENTIFICATION	I WILL BEREQUIRED	
HEREBY ACKNOWLEDGE REQU HOMEOWNERS' ASSOCIATION, TEMPORARY EXCEPTIONS ARE PI THE "TEMPORARY PARKING PER	EST FOR THE PARKING INC. REPLACEMENT PERMERMITTED ON THE STREET MIT" ISSUED BY THE ASSUD 6 AM WITHOUT A PARK	RKING PERMIT(S) WITH THE REPLACEMENT OF PERMIT(S) FOR THE SANCTUARY OF THE	AT AVONDALE \$25.00 EACH. R PERIOD WITH DN THE STREET
Homeowner Signature:		Date:	
	Office Us	e Only	
Parking Permit(s) Issued:	Administ	ator Initials:Check:	