

Avalon Village Community Association
c/o Vision Community Management
16625 S. Desert Foothills Parkway Phoenix, AZ 85048
(480) 759-4945 FAX (480) 759-8683
Email: AvalonVillage@wearevision.com
A/B 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

***** ANY VEHICLE USING A REPORTED LOST OR STOLEN PASS IS SUBJECT TO IMMEDIATE TOW. *****

Please choose one option from the following:

- I (the Homeowner) will pick up the parking permits at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- My Tenant will pick up the parking permits at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- My Authorized Agent will pick up the parking permits at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- Please send the parking permits to the above **mailing address** via certified mail. I understand my account will be charged a \$15.00 processing fee for this service.

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

Parking permits 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 UNDERSTAND THAT ALL EXISTING PAKING PERMIT(S) EXPIRED ON NOVEMBER 1, 2023. I WILL BE REQUIRED TO REPLACE THE EXISTING PARKING PERMIT(S) WITH THE REPLACEMENT PERMIT(S). I HEREBY ACKNOWLEDGE REQUEST FOR THE PARKING PERMIT(S) FOR THE AVALON VILLAGE COMMUNITY ASSOCIATION. AFTER PPERMITS A & B, OWNERS WILL BE REQUIRED TO SUBMIT A WRITTEN REQUEST TO THE BOARD OF DIRECTORS. REPLACEMENT PERMIT(S) WILL BE ISSUED AT A COST OF \$25.00 FOR PASS C, AND \$50.00 FOR PASS D. (ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO AVALON VILLAGE COMMUNITY ASSOCIATION). VEHICLES THAT ARE TOWED ARE TOWED AT OWNER EXPENSE.

Homeowner Signature: _____ Date: _____

Office Use Only

Parking Permit(s) Issued: _____ Administrator Initials: _____ Other: _____