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

Parking Permit 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

☐ **Guest parking permit will be picked up at the Vision office located at 16625 S Desert Foothills Pkwy, ID will be required.**

☐ **Please send guest parking permit to the above mailing address.**

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

Parking permit may be released to the following Tenant:

Authorized Tenant's Information:

Name:_____ Phone #:_____ Email: _____

Name:_____ Phone #:_____ Email: _____

Parking permit may be released to the following Authorized Agent:

Authorized Agent's Information:

Name:_____ Phone #:_____ Email: _____

Mailing Address: _____

PHOTO IDENTIFICATION WILL BE REQUIRED

I HEREBY ACKNOWLEDGE REQUEST FOR THE PARKING PERMIT(S) FOR THE SANCTUARY AT AVONDALE HOMEOWNERS' ASSOCIATION, INC. TEMPORARY EXCEPTIONS ARE PERMITTED ON THE STREET FOR FAMILY AND FRIENDS FOR A 72 HOUR PERIOD WITH THE "TEMPORARY PARKING PERMIT" ISSUED BY THE ASSOCIATION. THERE WILL BE NO PARKING ON THE STREET BETWEEN THE HOURS OF 12 AM AND 6 AM WITHOUT A PARKING PERMIT.

Homeowner Signature:_____ Date: _____

Office Use Only

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