

ARTISAN PARKVIEW CONDOMINIUM ASSOCIATION, INC

C/O VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Pkwy Phoenix, AZ 85048
(480) 759-4945 FAX (480)759-8683
Email: artisan@wearevision.com

PARKING PASS FORM

Homeowner Name: _____ Date: _____

Property Address: _____ Lot #: _____

Phone Number: (____) _____ - _____ Email: _____

Vehicle Information:

	Vehicle Make	Model	License #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(If Applicable)

_____ I would like to authorize the following Tenant/Property Manager to receive two parking passes

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

REPLACEMENT PASSES WILL ONLY BE ISSUED IF YOUR PASS IS LOST AT A COST OF \$50.00 EACH. ONCE ISSUED, IT WILL INVALIDATE YOUR PREVIOUS PASS NUMBER. I HEREBY ACKNOWLEDGE REQUEST FOR A PARKING PASS FOR ARTISAN PARKVIEW CONDOMINIUM ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE PARKING PASSES IS PROHIBITED. I, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CC&R'S AND PARKING POLICY FOR ARTISAN PARKVIEW CONDOMINIUM ASSOCIATION.

Homeowner Signature: _____

Date: _____

(OFFICE USE ONLY)

Date Pick-up	Date Mailed	Check/Money Order #	Payment Amount	Current on Assessments	Pass Numbers