

COACHLIGHT CONDOMINIUMS

PARKING PERMIT APPLICATION

Unit: _____

Vehicle #1: _____

Owner / Tenant's Name

Phone Number

E-mail Address

Vehicle Make

Model

Color

Year

Plate Number

State

Vehicle #2: _____

Owner/ Tenant's Name

Phone Number

E-mail Address

Vehicle Make

Model

Color

Year

Plate Number

State

I, the undersigned, have received a copy of and agree to abide by the Parking Rules and Regulations of the Coachlight Condominium Association. It is understood that this parking permit can be revoked by the Trustees of Coachlight Condominium Association at any time.

Signature for Vehicle #1

Signature for Vehicle #2

Office Use Only:

Date

Permit #1

Date

Permit #2