



Parking Application

Parking Term Desired: _____ to _____

Parking Stall Location: _____

First Name: _____ Last Name: _____

Social Security #: _____ DL #: _____

Date of Birth: ____/____/____

Address During Parking Term: _____

Telephone Number: _____

Email Address: _____

Address where the parking deposit is to be mailed at the end of the lease term:

Permanent Address: _____

Please attach a scanned copy of Driver's License and Proof of Insurance.

For expedient and efficient monitoring of our parking lots, all permits must be uniformly placed. Please ensure your permit is placed in the lower left corner of the front windshield. We would hate to tow your vehicle due to improperly placed permit.

Due to the volume of residents moving in, the parking lots will not be monitored from August 16th through August 31st.

Parking lots are monitored by our staff upon request. However, it is not possible for us to monitor parking lots every hour. Therefore, we rely on you to call should you notice illegal parkers in your lot. In the event the lot is full and you have to find alternative parking, this cost will be at your own expense.

I have read, understand and digitally signed this agreement.

Resident

Date