

# DEL LAGO HOMEOWNERS ASSOCIATION

## PARKING PERMIT APPLICATION

Owner's Name \_\_\_\_\_ Tenant Name (if applicable): \_\_\_\_\_

Del Lago Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

List the license # of the cars garaged here in Del Lago, and attach copies of their registrations:

Car License #	Make	Model	Year

List the license # of the cars for which you are requesting permits, and attach copies of their registrations:

Car License #	Make	Model	Year	Permit # (Transpacific Use Only)

List the names of drivers in your household, and attach copies of their driver's licenses:

Driver Name	Driver's License #
1.	
2.	
3.	
4.	
5.	

Enclosed is a check for \$ \_\_\_\_\_ for \_\_\_\_\_ stickers at \$30 each.

\_\_\_\_\_ I request a garage inspection to verify my oversize vehicle will not fit into my garage. Enclosed is a check for \$25 for the garage inspection. I understand Nordic Security will contact me to set up an inspection.

I understand false statements or information submitted with this application will disqualify me from the parking permit program.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_