PARKING WAIVER REQUEST

Date submitted: _____

Owner's Name: _____ Phone: _____

Property Address: _____

Resident's Name & Phone (if different from above): _____

Generally, Residents' vehicles should be parked in the garage (CC&Rs 6.15). Residents may not park **more than one** passenger vehicle on the driveway unless a waiver is approved by the Board of Directors ("Board") for good cause (as determined by the Board) and for periods of limited duration.

For the Board to consider a request, Residents **must submit the following:**

1. This completed Parking Waiver Request form, (available at the office or on our website).

2. List all vehicles registered to the Resident that are on premises and put a check mark by the extra vehicle that will be parked on the driveway.

	MAKE	MODEL	YEAR	COLOR	LICENSE
1					
2					
3					
4					

3. A photocopy of the registration for each vehicle showing it is registered to the Resident of the unit.

4. Use the space below to explain the reason for the request. (Use reverse if necessary.)

Place this request form and supporting documents in the Board drawer in the Clubhouse.

BOARD & OFFICE USE ONLY

Waiver request APPROVED _____ EXPIRATION DATE _____ DENIED _____
Reason for denial

Director Signature _____ Date _____

Original: Office file **Copies**: Gate Attendant and Applicant
Resident notified by ___ email ___ phone ___ mailed letter.

DATE WAIVER ISSUED: _____