

**VISTA DEL CAÑON HOMEOWNERS ASSOCIATION
APPLICATION FOR INTERIOR AND/OR GUEST PARKING PERMIT**

- Date of Permit Request: _____
- Resident's Name: _____
- Owner's Name (if different from Resident): _____
- On-Site Address: _____
- Off-Site Billing Address:
(if applicable) _____

- Make/Model/Year/Color of First Vehicle
for Which Permit is being Requested: _____
- License Plate Number and
State of Issuance for First Vehicle: _____
- Make/Model/Year/Color of Second Vehicle
for Which Permit is being Requested:
(if applicable) _____
- License Plate Number and
State of Issuance for Second Vehicle:
(if applicable) _____
- Make/Model/Year/Color of Third Vehicle
for Which Permit is being Requested:
(if applicable) _____
- License Plate Number and
State of Issuance for Third Vehicle:
(if applicable) _____

Please provide the management company with a statement as to why you need to park vehicle(s) in the interior (guest) parking spaces. Example: You are already parking one vehicle in your one-car garage and own two registered (operational) vehicles. You must accompany your request for an interior parking permit (or permits) with a certification by you that you are currently utilizing your garage to its maximum capacity for vehicle parking. You must include the make, model, year, color, license number, and state of issuance of the vehicles being parked in your garage. To expedite processing, please also include copies of DMV registrations for all vehicles. Please use the form on the following page to provide the above-requested information. If you are registering more vehicles than the form allows for, please include their information on a separate page.

FOR MANAGEMENT COMPANY USE ONLY:

Date Request Received: _____

Status: Approved? _____ Declined? _____

Reason Declined (if applicable): _____

Issued Tag Number(s): _____

Date Issued: _____

Notes: _____

Please list the vehicle(s) you will be parking in your garage:

Make/Model/Year/Color: _____

License Number and State of Issuance: _____

Make/Model/Year/Color: _____

License Number and State of Issuance: _____

Make/Model/Year/Color: _____

License Number and State of Issuance: _____

By signing below, I agree that all information contained in this document is correct to the best of my knowledge.

Signature

Date

Telephone number/s (In case of questions)

PLEASE ATTACH DMV REGISTRATION FOR ALL VEHICLES TO THIS APPLICATION