

Kings Cove Condominium Association TENANT PARKING PERMIT REQUEST FORM

Please complete the following form and send it to AMI. The information requested is required for proper identification and adherence to the Association Bylaws.			
Date:	Build	ing No.:	Unit No.:
Co-Owner Name(s):			
Unit Address:			
Home Phone:		Cell Phone:	
Email Address:			
Tenant Name(s):			
Tenant Home Phone:			
Tenant Email Address:			
DESCRIPTION OF VEHICLE:			
Vehicle Make:	Model:		Color:
License Plate #:			
Reason for Request:			
Signature Co-owner /date		Signature	e Co-owner /date
Approved By		Date	Parking Permit #

If additional forms are needed please visit the associations website <u>www.kingscovecondos.com</u> to print extra copies.