

UNIVERSITY TOWNES HOA  
REGISTRATION FOR PARKING PERMIT

NAME OF OWNER OF UNIT: \_\_\_\_\_

ON-SITE ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if not on-site):  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE OWNER 1:	
NAME: _____	
PHONE NUMBER: DAY: _____	EVENING: _____
EMAIL ADDRESS: _____	
AUTOMOBILE MAKE: _____	MODEL: _____
COLOR: _____	LICENSE PLATE #: _____

VEHICLE OWNER 2:	
NAME: _____	
PHONE NUMBER: DAY: _____	EVENING: _____
EMAIL ADDRESS: _____	
AUTOMOBILE MAKE: _____	MODEL: _____
COLOR: _____	LICENSE PLATE #: _____

VEHICLE OWNER 3:	
NAME: _____	
PHONE NUMBER: DAY: _____	EVENING: _____
EMAIL ADDRESS: _____	
AUTOMOBILE MAKE: _____	MODEL: _____
COLOR: _____	LICENSE PLATE #: _____