

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 #: _____