

Heritage Crossing Community Association Parking Application

Name(s) of Resident(s) _____

Address _____

Home Phone _____ Work Phone _____

Email _____

Please list **all** vehicles:

	License Plate	Color/Make/Model	Year	<u>OFFICIAL USE</u> Sticker Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please complete the following information if you are renting your unit and supply a copy of the current lease.

Owner of Record _____

Address of Owner _____

Home Phone _____ Work Phone _____

The above named resident has read and fully understands the Heritage Crossing Community Association parking regulations.

Signature of Resident

Date

I, the undersigned owner, hereby relinquish my parking privileges to the tenant named above. I have provided my tenants with a complete list of all the rules and regulations for this association.

Signature of Owner

Date