

# GARDEN HOMES AT COUNTRY ISLES

Maintenance Association, Inc.  
P.O. Box 267426  
Weston, FL 33326

## Parking Pass Registration

Name: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different from Garden Homes Unit Address)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you currently a renter? (circle one) Yes No

If **Yes**, the following **must be completed by the Owner of the Property**:

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip)

Owner Telephone: \_\_\_\_\_ Owner: \_\_\_\_\_  
(Signature)

**Please note: Commercial Vehicles are not permitted to park overnight in the Community and therefore cannot be issued a Parking Permit**

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag # \_\_\_\_\_ Permit # \_\_\_\_\_ (assigned by HOA)

Is vehicle a replacement? Y/N If Yes: Model & Permit # \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag # \_\_\_\_\_ Permit # \_\_\_\_\_ (assigned by HOA)

Is vehicle a replacement? Y/N If Yes: Model & Permit # \_\_\_\_\_

**Note: Please be sure all vehicle registrations reflect the Unit address and that all copies are sent with application or Permits will be denied.**

Date first received Application incomplete, contacted owner: Yes \_\_\_\_\_ No \_\_\_\_\_

Date received \_\_\_\_\_

Approved \_\_\_\_\_ PM \_\_\_\_\_ Bd Mbr \_\_\_\_\_ ACB \_\_\_\_\_

Denied \_\_\_\_\_ PM \_\_\_\_\_ Bd Mbr \_\_\_\_\_ ACB \_\_\_\_\_

Comments: \_\_\_\_\_