PARKING STICKER REQUEST

NAME: _____
LAST NAME *FIRST NAME*

UNIT# _____

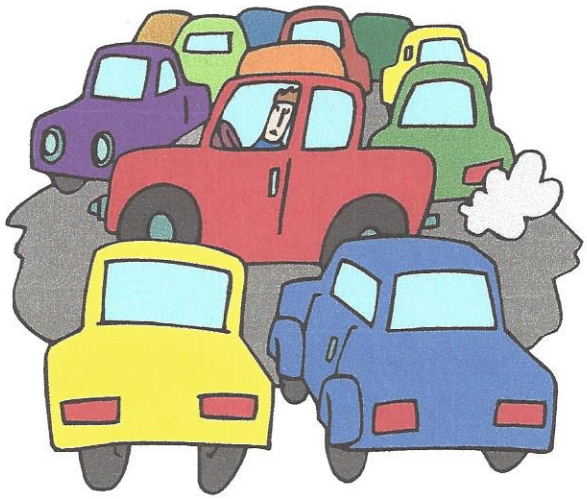
PARKING STICKERS WILL BE IN YOUR SEASONAL RENEWAL PACKAGE. PLEASE COMPLETE THE INFORMATION BELOW.

VEHICLE # 1
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 2
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 3
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 4
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 5
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 6
STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____