

APPLICATION FOR GARAGE SPACE WAITING LIST

Date: _____

Please fill out this form and submit it to the Management Office if you would like to apply for a Parking Space. Please attach a copy of your ***Driver's License*** and your updated ***Car Registration***.

I, _____ would like to request that my name be put on the garage waiting list for a Parking Space License.

I understand that I have to be the owner of a car and have to be current on my maintenance payments for my name to remain on the waiting list. I agree that my name can be removed from the waiting list if I do not meet the above conditions.

(Signature)

(Make of Car)

(Please Print Name)

(Model of Car)

(Address)

(Year of Car)

(Apartment #)

(License Plate #)

(Owner of Vehicle)

VERIFIED BY: _____

ENTERED ON WAITING LIST DATE: _____