



PARKING SPACE FORM

Date _____, _____ Unit # _____

Name _____

Phone #: _____ Cell #: _____

Parking space: Request or Deletion

Parking space number being added or deleted: # _____

NOTE: Parking is \$20 per month, per parking space.

NOTE: You must provide proof of insurance for your vehicle in order to be allocated a parking space.

Proof of insurance provided to office? Yes No

Make	Model/Year	Colour	License Plate #
_____	_____	_____	_____

Member Signature _____ Date _____, _____

Office Coordinator Signature _____ Date _____, _____

For Office use

Effective Date: _____

If prorated, amount and date of prorated added/deleted parking fee:

Start date: _____

Fee charged: _____