

Overnight Parking Request Form

UNIT #:		_			DATE:
Resident Name:				Phone:	Email:
		First	Last		
Name:				Phone:	Email:
	<u>F</u> irst	Last			
Visitor Name:				Phone:	Email:
		First	Last		
Reason For Th	nis Reque	est:			
Please see th	e House	Rules for a full lis	t of parking r	regulations.	
Vehicle: Yea	r:	Make:		Model:	Color:
Lice	ense Plate	e #:	State	E:	
and safety sti so as to preve commercial i	ickers rec ent crow nsignias	quired by law. All ding of adjacen	vehicles shc t stalls and b e kept in a lo	all be centered in the c locking of passage wa cation visible to other	ition with a current vehicle license assigned, designated parking stall(s) ays. No commercial vehicle bearing Owners, unless the Owner is required
	-			-	serve the Rules stated above and in n, including penalties, fines and

towing of your overnight visitors vehicle.

Resident Signature: _____

Please submit this form to Kamalani's Site Manager in person, or via email to kamalanisitemager@gmail.com