Windward Visitor Parking Permit Application

e-mail: bod@windwarddoral.com

Incomplete applications will not be processed. Please print all information clearly and include your signature and a copy of your driver licenses as a proof of residence. This permit is only for VISITORS and not for Residents.

Personal Information:

UNIT ADDRESS: _____ Own ___or Rent____

NAME: _____

Have you ever applied for a Visitor Parking Permit: Yes _____No _____.

If Yes When_____ and for How long _____

PHONE #	PHONE#	E-MAIL

Vehicle Information:

STATE	PLATE #	YEAR	MAKE	MODEL	COLOR
_____	_____	_____	_____	_____	_____

I own _____ or rent _____ this vehicle.

I need the permit from _____/_____/ 08 to _____/_____/ 08
month day month day

I understand that parking is at my own risk and that I am responsible for all Windward at Island at Doral Parking Rules and Regulation.

Signature_____

For Office Use Only:

PERMIT YPE	PERMIT NUMBER	ISSUE DATE	END DATE
1 2 3 4 5	_____	_____	_____

COMMENTS:

Issue by: _____