

The Sanctuary at Avondale Homeowners' Association, Inc.
c/o Vision Community Management
16625 S. Desert Foothills Parkway
Phoenix, AZ 85048
(480) 759-4945 FAX (480) 759-8683
Email: SanctuaryAtAvondale@wearevision.com

Information/Parking Permit Form

Homeowner Name(s) _____

Property Street Address _____

COMPLETE IF OWNER'S MAILING ADDRESS IS NOT PROPERTY STREET ADDRESS:

Mailing Street Address _____

Mailing City, State, Zip, Country _____

Please select an option from the following:

- I (or my tenant/authorized agent) will pick up three guest parking permits at the VISION office. **PHOTO ID WILL BE REQUIRED.**
- Please send three guest parking permits to the above **mailing address** via certified mail. I understand my account will be charged a \$15.00 processing fee for this service.

Please provide information for either the Tenant or your Authorized Agent passes may be released to.

Parking passes may be released to the following Tenant:

Authorized Tenant's Information:

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

Parking passes may be released to the following Authorized Agent:

Authorized Agent's Information:

Name: _____ Phone #: _____ Email: _____

Mailing Address: _____

PHOTO IDENTIFICATION WILL BE REQUIRED

I HEREBY ACKNOWLEDGE REQUEST FOR THE PARKING PERMIT(S) FOR THE SANCTUARY AT AVONDALE HOMEOWNERS' ASSOCIATION, INC. REPLACEMENT PERMIT(S) WILL BE ISSUED AT A COST OF \$25.00 EACH. TEMPORARY EXCEPTIONS ARE PERMITTED ON THE STREET FOR FAMILY AND FRIENDS FOR A 72 HOUR PERIOD WITH THE "TEMPORARY PARKING PERMIT" ISSUED BY THE ASSOCIATION. THERE WILL BE NO PARKING ON THE STREET BETWEEN THE HOURS OF 10 PM AND 6 AM WITHOUT A PARKING PERMIT. (ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO SANCTAURY AT AVONDALE COMMUNITY ASSOCIATION)

Homeowner Signature: _____ Date: _____

Office Use Only

Parking Permit(s) Issued: _____ Administrator Initials: _____ Check: _____