

**Woodmar IV Association, Inc. c/o
Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048 Office:
(480) 759-4945 Fax: (480) 759-8683
Email: Woodmar4@WeAreVision.com**

Information/ Parking Pass Permit Form

Owner Name(s): _____ Phone: _____

Property Address: _____ Email: _____

Please select an option from the following:

I (or my tenant/authorized agent) will pick up the two parking permits at the VISION office. **PHOTO ID WILL BE REQUIRED.**

Please send the two parking permits to the above **mailing address** via mail

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

Name of Adult Tenant(s) and Contact Information (Required):

- | | | | |
|----|-------|--------------|--------------|
| 1. | _____ | Phone: _____ | Email: _____ |
| 2. | _____ | Phone: _____ | Email: _____ |
| 3. | _____ | Phone: _____ | Email: _____ |
| 4. | _____ | Phone: _____ | Email: _____ |

Resident Vehicles (Required):

- | | | | | |
|----|------------|-------------|-------------|-------------|
| 1. | Make _____ | Model _____ | Color _____ | Plate _____ |
| 2. | Make _____ | Model _____ | Color _____ | Plate _____ |
| 3. | Make _____ | Model _____ | Color _____ | Plate _____ |
| 4. | Make _____ | Model _____ | Color _____ | Plate _____ |

PHOTO IDENTIFICATION WILL BE REQUIRED

I WILL BE REQUIRED TO REPLACE THE EXISTING PARKING PERMIT(S) WITH THE REPLACEMENT PERMIT(S). I HEREBY ACKNOWLEDGE REQUEST FOR THE PARKING PERMIT(S) FOR THE WOODMAR IV. REPLACEMENT PERMIT(S) WILL BE ISSUED AT A COST OF \$25.00 FOR ADDITIONAL PASSES (ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO WOODMAR IV ASSOCIATION INC.)

Homeowner Signature: _____ **Date:** _____

Office Use Only

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