Avalon Village Community Association c/o Vision Community Management 16625 S. Desert Foothills Parkway Phoenix, AZ 85048 (480) 759-4945 FAX (480) 759-8683

Email: avalonvillage@wearevision.com

Information/Parking Permit FormFor Pass C and/or D

Homeowner Name(s)	Prop	perty Street Address	_
COMPLETE IF OWNER'S MAILING	ADDRESS IS NOT PRO	PERTY STREET ADDRESS:	
Mailing Street Address		Mailing City, State, Zip, Country	
Please select an option from the f	ollowing:		
☐ I (or my tenant/authorized agent) will PHOTO ID WILL BE REQUIRED.	pick up either parking permit	C and/or D at the VISION office.	
Please send the parking permit C a will be charged a \$15.00 process		ing address via certified mail. I understand my account	
Please provide information for	either the Tenant or yo	our Authorized Agent passes may be released	d to.
Parking passes may be release	ed to the following Ten	ant:	
Authorized Tenant's Information:			
Name:	Phone #:	Email:	
Name:	Phone #:	Email:	
Parking passes may be release	ed to the following Aut	horized Agent:	
Authorized Agent's Information:			
Name:	Phone #:	Email:	
Mailing Address:			
	PHOTO IDENTIFICATION	N WILL BE REQUIRED	
EXISTING PARKING PERMIT(S) WIT PARKING PERMIT(S) FOR THE AV OWNERS WILL BE REQUIRED TO PERMIT(S) WILL BE ISSUED AT	TH THE REPLACEMENT PALON VILLAGE COMMUN SUBMIT A WRITTEN RECORT OF \$25.00 IN CHECK ACCEPTED-PL	ED ON JULY 1, 2016. I WILL BE REQUIRED TO REPLACE PERMIT(S). I HEREBY ACKNOWLEDGE REQUEST FOR ASSOCIATION. AFTER THE SECOND PARKING QUEST TO THE BOARD OF DIRECTORS. REPLACE FOR THE THIRD PASS, AND \$50.00 FOR A FLEASE MAKE PAYABLE TO AVALON VILLAGE COMPLECTORS.	OR THE PASS EMENT OURTH MUNITY
	Office Us	se Only	
Parking Permit(s) Issued:	Administr	rator Initials:Check:	