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 Form

Homeowner Name(s)	Property Street Address	
COMPLETE IF OWNER'S MAILI	NG ADDRESS IS NOT PRO	PERTY STREET ADDRESS:
Mailing Street Address		Mailing City, State, Zip, Country
Please select an option from th	e following:	
☐ I (or my tenant/authorized agent) PHOTO ID WILL BE REQUIRED		nits at the VISION office.
☐ Please send the two parking per charged a \$15.00 processing fe		dress via certified mail. I understand my account will be
Please provide information f	or either the Tenant or y	our Authorized Agent passes may be released to.
Parking passes may be relea	ased to the following Ter	<u>ıant</u> :
Authorized Tenant's Informatio	n:	
Name:	Phone #:	Email:
Name:	Phone #:	Email:
Parking passes may be relea	ased to the following Au	thorized Agent:
Authorized Agent's Information	:	
Name:	Phone #:	Email:
Mailing Address:		
	PHOTO IDENTIFICATIO	N WILL BEREQUIRED
EXISTING PARKING PERMIT(S) V PARKING PERMIT(S) FOR THE OWNERS WILL BE REQUIRED T PERMIT(S) WILL BE ISSUED	WITH THE REPLACEMENT I AVALON VILLAGE COMMUI O SUBMIT A WRITTEN RE AT A COST OF \$25.00 OR CHECK ACCEPTED-P	RED ON JULY 1, 2016. I WILL BE REQUIRED TO REPLACE THE PERMIT(S). I HEREBY ACKNOWLEDGE REQUEST FOR THI NITY ASSOCIATION. AFTER THE SECOND PARKING PASS QUEST TO THE BOARD OF DIRECTORS. REPLACEMEN' FOR THE THIRD PASS, AND \$50.00 FOR A FOURTI LEASE MAKE PAYABLE TO AVALON VILLAGE COMMUNIT
	Office Us	
Parking Permit(s) Issued:	Administ	rator Initials:Check: