



Request for Temporary Overnight Parking at the Community Center

Date Submitted: _____ Start Date: _____ End Date: _____

Name: _____

Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____

Vehicle License Plate State and Number: _____

Reason for overnight parking:

Homeowner Signature: _____

Approved:

Not Approved:

Date of Approval: _____

GM/ Concierge Signature of Approval : _____

Special Notes:

NOTICE: Once approved, overnight parking is limited to the approved dates above and is at the vehicle owner's sole risk. The Association accepts no responsibility for the vehicle or its contents. Display of approval notice is required in the vehicle windshield where it can be verified by Center staff. Please contact the General Manager at 540.899.9958 if you have any questions or concerns.