

EXHIBIT A (contained in Resolution 18-01)

PERMIT PARKING APPLICATION FORM

The Park West Community Association requires parking permits for all vehicles parked within our community, to include all residence-assigned spaces. In order to receive parking permits, please complete the following:

PART 1 - INSTRUCTIONS:

RESIDENT OWNER	NON-RESIDENT OWNER (LANDLORD)
1) The Resident Owner must complete and sign this application. The owner's signature is required.	1) The Non-Resident Owner or Authorized Agent must complete and sign this application. The owner's or authorized agent's signature is required.
2) To expedite processing, please attach a copy of the registration for each vehicle to be registered. If not attached, the registration will have to be brought for review.	2) To expedite processing, please attach pages from the applicable lease agreement that includes the names and dates of tenancy for each resident. If not attached, those pages will need to be brought for review.
3) If registering a replacement vehicle, attach the old permit.	3) To expedite processing, please attach a copy of the registration for each vehicle to be registered. If not attached, the registration will have to be brought for review.
4) Submit completed packet at least seven (7) days prior to issuance of new passes.	4) Submit completed packets at least fifteen (15) days prior to lease term.
	5) If needed, provide an authorization for a tenant to receive permits on the owner's behalf, and include contact information for the tenant.
	6) Attach all old permits.
	7) If requesting a Non-Resident Owner Permit, the Non-Resident Owner or Authorized Agent must complete Part 2 (only) and sign the form.

PART 2 - OWNER INFORMATION:

Name of Owner(s): _____

PWCA Residence Address: _____

Phone #: _____ Email: _____

Previously Issued PWCA Permit Number(s) Being Replaced (if applicable): _____

Check appropriate box: Resident Owner Non-Resident Owner (Landlord)

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PART 3 - VEHICLE INFORMATION:

Vehicle #1 (or, if replacing vehicle – old vehicle information)

Resident Name: _____

Vehicle Year: _____ Make and Model: _____

State and Lic. Plate #: _____

Lic. Plate Exp. Date: _____

Vehicle #2 (or, if replacing vehicle – new vehicle information)

Resident Name: _____

Vehicle Year: _____ Make and Model: _____

State and Lic. Plate #: _____

Lic. Plate Exp. Date: _____

Vehicle #3

Resident Name: _____

Vehicle Year: _____ Make and Model: _____

State and Lic. Plate #: _____

Lic. Plate Exp. Date: _____

I affirm that all the information submitted is true and accurate. I further affirm that all information provided correctly and accurately corresponds to residents and vehicles, respectively, which are authorized to park within PWCA-owned areas. I acknowledge and agree that any false, inaccurate, or misleading information submitted herein will result in surrender of my parking privileges within PWCA-owned areas.

Owner Signature

Please deliver / mail completed application packet to:	Joe Underwood, PWCA Parking Committee Chairman
	10449 Carriagepark Court, Fairfax VA 22032

Please contact Joe Underwood with any questions at
(703) 323-4710 or parking@parkwestcommunity.org.