

Highline Club Condominium Association

Parking Permit

Name _____

Address _____

Cell Number _____

E-mail _____

Please fill out the following information and return a copy to Hammersmith Management.

Make Model License

Color On Premises Since

Insurance Vehicle Identification Number _____

SHORT or LONG term request (circle one) Expires _____

Signature

Date

Permit # _____

From _____ To _____ Expires _____
Permit Dates