



**Parking Permit Request
And Indemnification**

2300 S.W. 17th Circle, Deerfield Beach, Florida 33442 954-426-3503

Parking Permit Information

Assigned Parking Lot: _____

Number # _____ Date Issued ____/____/____

Date Permit & Deposit Returned ____/____/____

Vehicle Information: Note: Vehicle must have a NON-expired plate

Year _____ Manufacturer _____ Model _____

License Plate Number _____ State Issued _____ Expiration Date _____

Home Owner Name: _____ Lot _____

Home Owner Telephone Number (____) _____ - _____

Home Owner Secondary Contac Number (____) _____ - _____

Home Owner Email address _____ @ _____

I, _____ fully understand that this Parking Permit applies ONLY to the assigned lot above and is the property of The Meadows of Crystal Lake (HOA). The Meadows will hold my

\$50 Deposit for 30 Days

Further I agree to indemnify and hold harmless The Meadows of Crystal Lake (HOA) for any damage that may occur while vehicle identified above is parked on lot. I further agree to reimburse the Meadows of Crystal Lake (HOA) for any costs should vehicle needed to be towed due to expiration of permit effective dates.

Signature _____

Date _____