Shiloh Valley Homeowners' Association Parking Permit Request Form



Name:			Date Submitted:	
Address:			Phone:	
Permit Start Date:	Permi	t End Date:	Email Address:	
Year of Vehicle: Make/Mo		Make/Model of V	del of Vehicle:	
TAG#:		Color of Vehicle:		
Reason for Request:				
		IPORARY PARKI	ING PERMIT RULES	
 Standard permit is 1-3 Extension of ONLY 2 				
3) Maximum of only (5)	•	<mark>al</mark>		
4) Maximum of 2 vehicle	es on ove	erlapping days & a	maximum of 2 requests per month	
• • •	•	-	up a permit from Douglas Property Management , 30188. The permit needs to hang on the rearview	

Submit to (Email, Fax or Mail):

permit faces out**.

Shiloh Valley Homeowners' Association Office: 770-926-3086 120 Arnold Mill Park, Suite 400 Fax: 770-926-3952

Woodstock, GA 30188 Email: drankenburg@dpm-re.com

Temporary Parking Permits are granted as a courtesy. It is not an automatic approval based solely on being a resident in good standing. The parking lot is designated for amenity parking only so each request is considered based on several factors including frequency of use and availability.

mirror of the vehicle with the information facing outwards. The vehicle needs to be BACKED INTO the designated permit parking located to the right of the entrance sign facing Shiloh Valley Circle so the

(Do Not Write Below)

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DISPOSITION OF REQUEST							
☐ Approved	☐ Disapproved	Date:					
Conditions (If any):							
Date Homeowner Notified:							