

SHILOH VALLEY HOA
TEMPORARY
Parking Permit Request Form

Homeowner(s) Name(s): _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please indicate the initial date that the vehicle will be parked: _____

VEHICLE INFORMATION:

Registered to: _____

Make/model: _____

Color/Year: _____

Tag State/Number: _____

*I understand that this permit shall be valid only for **72 HOURS** from the date granted.

*I understand that the designated space for parking is indicated as **GUEST PARKING** and that no other parking space shall be utilized.

*Permit is not valid for the parking of commercial vehicles, mobile homes, recreational vehicles or large commercial trucks.

*I understand and agree that shall the vehicle not be removed as of the **VALID TO** date; the vehicle is subject to towing. Towing will be at the owner's expense.

Signature

Date

OFFICE USE ONLY:

Permit #: _____

Valid From: _____

Valid To: _____

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