

## VEHICLE PARKING PERMIT APPLICATION FORM

**Note:** Vehicle parking sticker or pass will be issued only if application is completely filled out along with the applicable owner or tenant registration form. Submit completed application to the Royal Arms Office.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Building: \_\_\_\_\_ Unit: \_\_\_\_\_ Number of Bed Rooms: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one only.

- Resident Owner/Co-Owner (My name is on the purchase papers for the unit.)
- Relative/Roommate of Resident Owner of record.
- Non Resident Owner/Co-Owner.
- Tenant of Record. (My name is on the lease to this unit.)
- Relative/Roommate of Tenant of record.
- Requesting Visitor Pass.
- Other: \_\_\_\_\_

Explanations: \_\_\_\_\_

### Vehicle Information from Vehicle Registration

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Vin#: \_\_\_\_\_

License Plate: \_\_\_\_\_ Expires: \_\_\_\_\_

I agree to follow all Royal Arms rules and regulations. I have and will maintain auto insurance on this vehicle while traveling in and out of Royal Arms Condominiums.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

Royal Arms Check list of required attachments.

Are there any outstanding code violations against the unit? Yes/No

Copy of valid driver's License. Yes/No    Copy of Registration    Yes/No    Water Craft    Y    N

Sticker Number Issued: \_\_\_\_\_ Visitor Pass # Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued by: \_\_\_\_\_

## Confidential Owner Information Sheet

Owner/s Name(s): \_\_\_\_\_

Build no. \_\_\_\_\_ Unit No. \_\_\_\_\_ No. of Bed Rooms \_\_\_\_\_ Is this your primary residence? YES NO

Mailing Address if above is NO \_\_\_\_\_

Names of all occupants and relationship to owner(s): (Adults-Children-Live-ins,etc.) Attach sheet if needed.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency Number \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have Insurance on the unit? YES NO

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CONTINUE ONLY if unit is Tenant occupied**, please complete the following and provide a copy of your current lease to the office, regardless if previously provided.

Tenant Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Management Company: \_\_\_\_\_ Phone \_\_\_\_\_

Did you request any type of back ground check? YES NO If YES please provide a copy to Management.

I agree to keep all information given here current. No dogs are allowed on Royal Arms property.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- Do not write below this line -----

Copy of unit Insurance: Y N Payment status: Current/Delinquent Water Craft Y N Unit Key(s): Y N

# Confidential Tenant Registration Form

Must be submitted to association

Owner Name: \_\_\_\_\_

Building Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

## Tenant Information

Tenant Name on lease: \_\_\_\_\_

Mailing Address: (If different than unit)

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Do you reside in the above unit? YES NO: \_\_\_\_\_ If Yes, the below MUST be completed.

Other residents in the unit. (All persons MUST be specified) Attach sheets as needed.

Name: \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_

Move in Date: \_\_\_\_\_ Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_

I have received a copy of the Royal Arms rules & regulations. I have read, understand and accept them.

I understand that **No Dogs** are allowed on Royal Arms property. A key to my unit must be given to the office for emergency only.

Signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_