

**ONE CRAWFORD PARKWAY**

**APPLICATION FOR RESIDENT'S PARKING DECAL**

Name of resident \_\_\_\_\_

Unit #: \_\_\_\_\_ Unit owner \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License tag # \_\_\_\_\_ State: \_\_\_\_\_ Vehicle color: \_\_\_\_\_

Preferred location for decal: \_\_\_\_\_ Rear window left side

\_\_\_\_\_ Rear bumper left side

Body style of vehicle		
2 Door _____	Sedan/coupe _____	SUV/Van _____
4 Door _____	Convertible _____	Pickup _____

Applicant will attach a copy of the vehicle registration certificate to this application. Receptionist at the desk will copy your registration certificate free of charge.

This vehicle is replacing an existing vehicle: No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, what vehicle is it replacing? Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Decal No. \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Note: Upon approval of this application, Management will enter the above vehicle into the records and issue a numbered decal to the vehicle. No decal will be provided until all paperwork has been submitted and approved.

**For Committee Use**

Recorded: \_\_\_\_\_  
Decal Assigned: \_\_\_\_\_