

CAPE CONDOMINIUM ASSOCIATION
COMMERCIAL VEHICLE PARKING PERMIT

CO-OWNER –RESIDENT:

NAME: _____
ADDRESS: _____
PHONE: _____

I, _____, Request permission by the Board of Directors to park my Assigned Commercial Vehicle owned by:

Company: Name: _____
Address: _____
Phone: _____

Name of Vehicle: _____
License Number: _____
Vehicle Insured by: _____

I understand this is my only Parking Spot# _____, if occupied I have the right to have vehicle towed and take responsibility for this. I also understand my vehicle will be towed if parked in any of the residential areas of the complex. (excess of 15 minutes).

PERMIT: _____
SIGNATURE: _____ **DATE:** _____

THE CAPE TAKES NO RESPONSIBILITY FOR DAMAGES.

Board of Directors: Minimum of (3) signatures required.

President: _____
Vice-President: _____
Secretary: _____
Treasurer: _____
Director: _____