

EdR Management, INC
RESIDENT PARKING AGREEMENT



Date of Application: _____

Name: _____
(Last) (First) (Initials)

Apartment Number: _____

Vehicle: Make: _____ Model: _____

Year: _____ Color: _____

Vehicle License Plate: State: _____ Plate Number: _____

Drivers License #: _____

I will require a handicapped parking space: YES or NO

I certify that the vehicle described above is owned by me, personally, or by my parents, and will be used exclusively by me at Evergreen Commons. I acknowledge that I received a copy of the Resident Parking Agreement and I agree to abide by all rules and regulations established by Evergreen Commons.

Resident Signature: _____

Telephone Number: _____

To be completed by office staff:

PERMIT NUMBER: _____ EXPIRATION MONTH: _____

Updated:07-2012