

# Rosemary Place Townhomes

## Request for Extended Visitor Parking Space

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Visitors of Rosemary Place homeowners are required to obtain permission to park in visitor spaces for extended periods of time. Space assignment will be based on specific relation to the homeowners.

**Vehicles that are not registered with the RPHOA may result in towing at the owner's expense.**

### Homeowner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

### Visitor Vehicle Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Relationship to Homeowner: \_\_\_\_\_  
Indicate Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

On average, how many nights will space be occupied? (Circle One) Nightly, Weekly, Monthly, Annual  
Duration of Request: \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Tag Number \_\_\_\_\_ Registered State: \_\_\_\_\_

I have read and understand the parking policy.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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For Office Use Only:

Approved: _____	Denied: _____
Assigned Parking Space Number: _____	Date: _____
Location: East or West (circle one)	Reason: _____
Parking Permit Number: _____	
Expires: _____	
Fee Paid: \$ _____	