

**PARK PLACE MASTER ASSOCIATION  
OVERNIGHT OR LONG TERM PARKING PERMISSION**

NAME \_\_\_\_\_

CELL PHONE (         ) \_\_\_\_\_

BUILDING (CIRCLE)    1700            1730            1770

COMPANY AND SUITE # \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

YEAR \_\_\_\_\_

COLOR \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

DURATION OF PARKING \_\_\_\_\_

**BACKUP CONTACT (MUST PROVIDE)**

NAME \_\_\_\_\_

CELL PHONE (         ) \_\_\_\_\_

MASTER ASSOCIATION HARMLESS FOR ANY DAMAGE THAT MAY OCCUR TO MY VEHICLE WHILE PARKED IN THE PARKING LOT. I UNDERSTAND IF MY VEHICLE IS LEFT IN THE LOT LONGER THAN THE APPROVED TIME, THE VEHICLE WILL BE SUBJECT TO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

THIS PARKING PERMIT IS NOT VALID UNTIL AUTHORIZED BY PARK PLACE MASTER ASSOCIATION. VEHICLES ARE SUBJECT TO TOW UNTIL SUCH TIME.

\_\_\_\_\_  
PARK PLACE MASTER ASSOCIATION

\_\_\_\_\_  
DATE

PLEASE EMAIL OR FAX THE COMPLETED FORM TO ONE OF THE FOLLOWING:

[BSLUPIK@SLUPIKLTD.COM](mailto:BSLUPIK@SLUPIKLTD.COM)  
[MMULCRONE@SLUPIKLTD.COM](mailto:MMULCRONE@SLUPIKLTD.COM)  
FAX: (630) 357-0592