

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
MMULCRONE@SLUPIKLTD.COM
FAX: (630) 357-0592