

VIRGINIA MANSIONS CONDOMINIUM

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PARKING SPACE APPLICATION

PLEASE PRINT ALL INFORMATION

| NAME | | DATE | | |
|---|-------|------------|-------------|--|
| ADDRESS | HOM | ME PHONE # | | |
| MAKE OF VEHICLE | | COLO | R | |
| LICENSE NUMBER | | MODE | L/YEAR | |
| ARE YOU THE OWNER OF THE UNIT YOU RESID | E IN? | YES | NO | |
| PLEASE SIGN AND DATESIGNATURE | | - | //_ DATE | |