

# VEHICLE PARKING STICKER APPLICATION

Resident Name \_\_\_\_\_ Day Telephone \_\_\_\_\_

Address \_\_\_\_\_ Evening Telephone \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

**1<sup>st</sup> Vehicle:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Name on Registration \_\_\_\_\_ Registration # \_\_\_\_\_ License # \_\_\_\_\_

**2<sup>nd</sup> Vehicle:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Name on Registration \_\_\_\_\_ Registration # \_\_\_\_\_ License # \_\_\_\_\_

**Additional Vehicle:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Name on Registration \_\_\_\_\_ Registration # \_\_\_\_\_ License # \_\_\_\_\_

Reason for Vehicle Parking Sticker Application? \_\_\_\_\_

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(Copies of all vehicles registrations must accompany application. Person on registration must be a resident at the application address. Applications that are not complete or do not have necessary copies attached will be returned to applicant. For lost or replacement stickers, there is a \$25.00 fee payable to the Association.)

Comments by Rules Committee: \_\_\_\_\_

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Sticker issued by: Signature \_\_\_\_\_

Date: \_\_\_\_\_

STICKER NUMBER ISSUED: \_\_\_\_\_

Return completed form to:

**eDenn Property Management**

25571 Indian Hill Lane Unit G, Laguna Hills, CA 92653

Fax: (866) 723-2160

Email: Esther@epm.occoxmail.com