

VEHICLE PARKING STICKER APPLICATION

Resident Name _____ Day Telephone _____

Address _____ Evening Telephone _____

E-mail address (optional) _____

1st Vehicle: Make _____ Model _____ Year _____ Color _____

Name on Registration _____ Registration # _____ License # _____

2nd 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? _____

(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: _____

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