

## Visitor Parking Permit Request Form

Please be advised that in signing this document you acknowledge & agree to comply with all By-Laws of which the scheme is governed.

Lot Number: \_\_\_\_\_ Address: \_\_\_\_\_ Strata Plan # \_\_\_\_\_

Owner Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Are you the  OWNER  PROPERTY MANAGER

Please Advise Company of  
Property Manager: \_\_\_\_\_

Please Advise Property Manager  
Address: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner or Authorised Representative*

\_\_\_\_\_  
*Date*

### NAME OF PERSON COLLECTING PERMIT

Name: \_\_\_\_\_ Owner/Property Manager/Tenant: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Collecting Person*

\_\_\_\_\_  
*Date*

### OFFICE USE ONLY

Collectors Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of Collection: \_\_\_\_\_ Staff Member Signature: \_\_\_\_\_

ID CHECKED: