

## Bahia Lakes Temporary Overflow Lot Parking Request

HOMEOWNER / LEGAL RESIDENT (TENANT) CONTACT INFORMATION						
FIRST NAME	LAST NAME					
BAHIA LAKES STREET ADDRESS						
PHONE NUMBER	E-MAIL ADDRESS					
VEHICLE INFORMATION						
MAKE	MODEL					
COLOR	STATE and PLATE #					
DATES DESCRIPTED (No. 1 to constant)	4.4					
DATES REQUIRED (Not to exceed						
START DATE END DA	TE					
Reason for needing additional TEMPORARY parking? (Provide enough detail for review)						

## CONTACT INFORMATION OF THE VEHICLE OWNER / OPERATOR

In th	e event	the HOA r	needs to	have the	vehicle	moved or	an	emergency,	please	contact:
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FIRST NAME of Vehicle Owner LAST NAME of Vehicle Owner

PRIMARY PHONE NUMBER of Vehicle Owner

SECONDARY PHONE NUMBER

## INSTRUCTIONS FOR SUBMITTING THIS FORM:

After filling in all required fields on the form

either FAX to: 727-581-1734 Attn: Debra Lundy

or E-Mail all items to bod@BahiaLakeshoa.org

Please include a copy proof of insurance for the vehicle being parked in the overflow lot.

Additionally, if the submitter is a tenant, include a copy of the first page of your current lease showing both names of the homeowner and all tenants on the lease.

TO BE COMPLETE BY BAHIA LAKES HOA						
DATE REQUEST RECIEVED	DATE PROCESSED					
		APPROVED				
		DISAPPROVED				
OVEDELOW LOCATION ASSIGNED	DEDMIT #	ASSIGNED				