

## Bahia Lakes Temporary Guest Parking Lot Request

HOMEOWNER / LEGAL RESIDENT (TENANT) CONTACT INFORMATION				
FIRST NAME	LAST NAME			
BAHIA LAKES STREET ADDRESS				
PHONE NUMBER E-MAIL AD	E-MAIL ADDRESS			
VEHICLE INFORMATION				
MAKE	MODEL			
COLOR	STATE and PLATE #			
DATES REQUIRED (Not to exceed 14 days)				
START DATE END DATE  Reason for needing additional TEMPORARY pa				

## CONTACT INFORMATION OF THE VEHICLE OWNER / OPERATOR

In the event the HOA needs to	have the vehicle moved or ar	n 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: Charlene Henderson

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

Please include a copy proof of insurance for the vehicle being parked in the **Guest Parking 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 I	_AKES HOA	
DATE REQUEST RECIEVED	DATE PROCESSED	
		APPROVED
		DISAPPROVED
GUEST PARKING LOT ASSIGNED	PERMIT # ASSIGNED	