

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 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 parking? (Provide enough detail for review)				

CONTACT INFORMATION OF THE VEHICLE OWNER / OPERATOR

In the event the HOA needs to have the vehicle move	ed 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: Patricia Harman

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	LAKES HOA	
DATE REQUEST RECIEVED	DATE PROCESSED	
		APPROVED
		DISAPPROVED
CLIEST DARKING LOT ASSIGNED	DEDMIT # /	ASSIGNED