



AUTOMOBILE PARKING APPLICATION

Please enclose application and mail to:

Qualified Property Management, Inc. 5901 U.S. 19 North, Suite 7D, New Port Richey, FL 34652 Fax: 727-869-9825 Ph: 727-869-9700

Please print or type the following information:

Resident Name: _____

Unit Address: _____

Unit #: _____ Date: _____

Are you the _____ Owner _____ Tenant ?

Unit Phone #: _____

Vehicle Information:

Name on Vehicle #1 Registration: _____

Make: _____ Model: _____

Color: _____ Year: _____ Tag #: _____

Name of Driver of Vehicle #1: _____

Name on Vehicle #2 Registration: _____

Make: _____ Model: _____

Color: _____ Year: _____ Tag #: _____

Name of Driver of Vehicle #2: _____

Signature of Owner of Vehicle #1: _____

Please Print Name: _____

Signature of Owner of Vehicle #2: _____

Please Print Name: _____

Please completely fill out form and mail back to:

**Qualified Property Management, Inc.
5901 US Highway 19, Suite 7Q
New Port Richey, FL 34652 Fax 727-689-9825**

OFFICE USE ONLY

Vehicle # 1 Parking Permit # Issued: _____

Vehicle # 2 Parking Permit # Issued: _____