

Southgate Condominium Association

Please fill out form completely, printing clearly, and return to Southgate Site Office. 2004 - G Colts Neck Road, Reston VA 20191, Email: southgatesiteoffice@gmail.com; 703.620.5590

Make checks payable to **Southgate Condominium Association** and note **Parking Pass** in memo field.

Replacement Parking Pass(es) - (\$75.00 each)			
Include a copy of your state vehicle registration(s).			
Vehicle Information			
Vehicle Owner Name (Last)		(First) (MI) (Suffix, ex. Sr., Jr., III)	
Vehicle Co-Owner Name (Last)		(First) (MI) (Suffix, ex. Sr., Jr., III)	
Vehicle Owner Phone Number		Vehicle Owner Email	
Street Address _____ Colts Neck _____ Royal Fern Ct	City Reston	State Virginia	Own <input type="checkbox"/> or Rent <input type="checkbox"/> If rent, fill in Unit Owner Section and have owner sign*
License Plate State & Number (ex. VA XYZ-987)	Vehicle Make (ex. Honda)	Vehicle Year & Model (ex. Civic)	
License Plate State & Number (ex. VA XYZ-987)	Vehicle Make (ex. Honda)	Vehicle Year & Model (ex. Civic)	
*Unit Owner(s) Name [Landlord's name]			
*Unit Owner(s) Phone Number and Email			
*Unit Owner Mailing Address		City	State and Zip
<p>STATEMENT: I/We certify that all information herein is true and correct. I/We request this(ese) parking pass(es) as an owner/renter living ON-SITE and agree to follow all Southgate Condominium Parking Rules and Regulations, which can be viewed online by registering at www.acmcorp.org. I/We certify the vehicle(s) is/are in compliance with all state and local laws and regulations, and is not for commercial use. I/We understand that individuals found to be falsely acquiring or distributing parking pass(es) may have all parking privileges revoked immediately and indefinitely.</p> <p>RENTERS: Passes must be returned to your Owner/Landlord when you move or they will be charged and it will be deactivated. Prices subject to change without notice.</p>			
Vehicle Owner Signature _____		Date _____	
*Unit Owner/landlord Signature _____		Date _____	
If the owner/landlord cannot sign this form, we need a written authorization from them attached to this form.			
<u>This section to be completed by the Office Only</u> <u>Signature of Personnel</u> _____			
<u>Permit Pass Number</u>	<u>Hang Tag Pass Number</u>	<u>Space Number</u>	
<u>Replacement Pass Number</u>	<u>2nd Replacement Pass Number</u>		