

## Southgate Condominium Association

Please fill out form completely, printing clearly, and return to Southgate Site Office, 2004 Colts Neck Road, Unit G or Office, Reston VA 20191, or Email: southgatesiteoffice@gmail.com;703-620-5590. Make checks payable to Southgate Condominium Association and note Parking Pass in memo field if replacing parking passes due to not being returned in to the office or lost/stolen.

<b>Replacement Parking Pass(es) - (\$75.00 each) <u>IF THEY ARE NOT RETURNED TO THE OFFICE OR LOST/STOLEN</u></b> Include a copy of your state vehicle registration(s).			
<b>Vehicle Information</b>			
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 unit # _____ _____ Royal Fern Ct unit # _____	City Reston	State Virginia	Own <input type="checkbox"/> or Rent <input type="checkbox"/> If rent, <u>fill in Unit Owner Section and have owner sign*</u>
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><b>STATEMENT:</b> 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 at <a href="http://restonsouthgate.com">http://restonsouthgate.com</a>. 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><b>RENTERS: Passes must be returned to the OFFICE when you move or WE WILL CHARGE YOU \$75.00 EACH and it will be deactivated. Prices subject to change without notice.</b></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.			
<b>This section to be completed by the Office Only</b>			
		Signature of Personnel _____	
<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>		