

Harvard Avenue Owners Association

Vehicle Parking Registration

Contact Information:

Name: _____

Address: _____

Street

Unit #

City

State

Zip Code

Telephone: (cell) _____

(home or office) _____

E-mail address: _____

Vehicle Information:

Make of Vehicle: _____

Model: _____

Year of Vehicle: _____

Color: _____

License Plate: _____

State: _____

Signature: _____

Date: _____

**Note: Please notify management if this vehicle is sold.
A separate form should be filled for each different vehicle.**

For official use only:

Parking Permit number:	Permit Color:
Expiration Date:	Parking space assigned:

