

NORDIC DREAM PARADISE CONDOMINIUM

FORM FOR APPLYING FOR PARKING ON NDPC'S PREMISES

PLEASE USE BLOCK LETTERS ONLY

BUILDING: (NLD/DP) _____

UNIT NO/ ROOM _____

CO-OWNER/Leaseholder:

CO-OWNER/Leaseholder: FIRST _____ MIDDLE _____ FAMILY NAME _____

CAR REGISTRATION NUMBER: _____

CAR OWNERS NAME: FIRST _____ MIDDLE _____ FAMILY NAME _____

MOTORBIKE REGISTRATION NUMBER: _____

MOTORBIKE OWNERS NAME: FIRST _____ MIDDLE _____ FAMILY NAME _____

_____/_____/_____ CO-OWNER/Leaseholder: _____

DATE MONTH YEAR

SIGNATURE

TENANT:

TENANTS NAME: FIRST _____ MIDDLE _____ FAMILY NAME _____

CAR REGISTRATION NUMBER: _____

CAR OWNERS NAME: FIRST _____ MIDDLE _____ FAMILY NAME _____

MOTORBIKE REGISTRATION NUMBER: _____

MOTORBIKE OWNERS NAME: FIRST _____ MIDDLE _____ FAMILY NAME _____

_____/_____/_____

TENANT: _____

DATE MONTH YEAR

SIGNATURE

Applicants contact info: Email: _____ Telephone: _____

FOR SERVICE MANAGER USE ONLY

RECEIVED ON ____/____/_____ Sign: _____

APPROVED: _____ PARKING STICKER NO: _____ PICK UP BY APPLICANT _____