

Parking Permit Request

Unit Owner Contact Information (*Required)

Name*: _____
Unit # *: _____ (Dillon Valley East Condo).
P.O. Box/Apt./Suite: _____
Address: _____
City*: _____ State*: _____ Zip*: _____
Phone: _____
E-mail Address: _____

How you would like your Parking Permits to be handled

- Send them to me
- Hold them; I will pick them up
- Hold them; I will have the Clubhouse issue temporary Permits for my short term rentals.
- Send them to my rental agent (**Rental Agent** information must be filled below).
- My tenant will pick them up (**Tenant Information** must be filled out below).

Rental Agent Information (If a rental agent will receive your permits please fill out the information below).

Agency Name: _____
Contact Name: _____
P.O. Box/Apt./Suite: _____
Address: _____
City*: _____ State*: _____ Zip*: _____
Phone: _____
E-mail Address: _____

Tenant Information – Long term rental (1 month or longer)

Tenant Name _____
Unit # _____ (Dillon Valley East Condo)
P.O. Box/Apt./Suite _____
City*: _____ State*: _____ Zip*: _____
Phone: _____
E-mail Address: _____

You may send the form by FAX to:
Basic Property Management, Inc.
(970) 468-0695

Or mail to:
Dillon Valley East Condominiums
Parking Permit
P.O. Box 4941
Dillon, CO. 80435
Phone: (970) 468-1371

<p>For Office Use</p> <p>Parking Permits were issued to:</p> <ul style="list-style-type: none"><input type="radio"/> Owner/Tenant/Agent<input type="radio"/> Mailed<input type="radio"/> Picked up
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Signature: _____ Date: _____