

## 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

Or send to [clubhouse@dillonvalley.org](mailto:clubhouse@dillonvalley.org)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_