

EXHIBIT 1
TEMPORARY VISITOR VEHICLE REGISTRATION

**THIS FORM MUST BE COMPLETED IF A VISITOR'S VEHICLE WILL
BE PARKED FOR THREE (3) DAYS OR MORE.**

All lines must be completed

Unit Owner's Name: _____

Unit Owner's Unit Number: _____ Unit Owner's Building Number: _____

Unit Owner's Phone Number: _____

Unit Owner's Email Address: _____

Visitor's Name: _____

Dates of Visit: from: _____ expires on _____

Registration Expiration Date: _____

Vehicle License Number: _____ State: _____

Vehicle Description: Make: _____ Model: _____

Year: _____ Color: _____

**Extension request must be submitted on a AVR (Avoid Verbal Requests) then
placed in the Office drop-box located next to the mailboxes for Board
approval.**