

Sandpiper Property Owners' Association, Inc.

Overnight Parking Permit

Name Of Resident: _____

Street Address: _____

Phone Number: _____

Number of Nights: _____ Dates: _____

Vehicle Model & Year: _____

Vehicle Color: _____

Vehicle Tag #: _____

Signature _____ Date _____

Complete all sections, sign and date. Submit Top parts of form to the POA office.
Display the lower part of the form in the front window of the vehicle. Failure to do
so may result in a parking violation. Thank you.

Tear Here

Vehicle Model & Year: _____

Vehicle Color: _____

Vehicle Tag #: _____

May, 2012