



Ormond Lakes HOA, Inc.
70 Ormond Lakes Boulevard
Ormond Beach, FL 32174
Phone: (386) 677-2667
E-mail: olakeshoa@gmail.com
Web: ormondlakeshoa.com

Temporary Residential Parking Permit Application

Homeowner Name: _____

Address: _____ ZIP: _____

Phone: _____ Email: _____

<p>Vehicle Owner: (If other than Homeowner)</p> <p>_____</p>	<p>Phone # of person responsible for vehicle:</p> <p>_____</p> <p>Emergency Contact #</p> <p>_____</p>
<p>Vehicle Type: _____ (Car/Truck/Trailer/Motor Home/Boat/Other)</p> <p>Vehicle Size/Dimension: _____</p> <p>L _____ W _____ H _____</p>	<p>Year: _____</p> <p>Make/Model: _____</p> <p>Tag#: _____</p> <p>State: _____</p>
<p>Date Parking From: _____</p> <p>Date Parking To: _____</p>	<p><u>Parking Extension</u></p> <p>Date Extended To: _____</p> <p>Extension Approved By: _____</p>

I understand I will be liable for any physical damage to Ormond Lakes HOA (“OLHOA”) properties and/or buildings that OLHOA may incur as a consequence of the actions of the homeowner and/or their guests and/or invitees (collectively, the “Homeowner”), and the Homeowner shall indemnify and hold harmless OLHOA and its Management Company and their staff against any and all damages and/or legal actions which may arise from Homeowner’s use of the parking permit. Neither OLHOA nor the Management Company are responsible for any damages sustained to any items parked in the Clubhouse parking lot.

I have read all the parking permit information and, by signing below, I agree that I shall assume full responsibility for any charges imposed as a result of any damages done to OLHOA properties and/or buildings during my approved permit period. I understand that I shall be billed for any expenses incurred out of or in connection with any damages sustained by OLHOA as a result of the parking permit. Any disputes arising under this application shall be adjudicated in OLHOA’s local jurisdiction.

Applicant’s Name (Print) : _____

Applicant’s Signature: _____ Date: _____

Admin. Ass’t or BOD Name (Print): _____

Admin. Ass’t or BOD Signature: _____ Date: _____