

# Mirror Lake Condominium Guest Registration Form

## 1). RESIDENT INFORMATION

<b>First Name:</b>		<b>Last Name:</b>	
<b>Condo Address:</b>	Building: _____ Unit #: _____	<b>Home Address:</b>	Street: _____ City: _____ State: _____ Zip: _____
<b>Phone Number:</b>		<b>E-mail:</b>	

## 2). GUEST

## VEHICLE INFORMATION

First Name	Last Name	Make	Model	Color	License #

## 3). DATES FOR PERMIT

<b>Arrival Date:</b>	<b>Leaving Date:</b>
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In case resident owner is absent enter responsible party below

Local Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the above information provided is correct.

Resident's Signature: \_\_\_\_\_

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

**Mirror Lake Condominium Association agrees to keep this information confidential and use it only for the purpose of issuing guest parking permits and enforce association rules. Print out this form, fill it out and deposit it in the Mirror Lake Condo Association's office.**