

ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.

SEVEN (7) DAY PASS
APPLICATION AND AGREEMENT

Please complete the form, sign, print name, and
Return form to Association Management Office for approval.

I, _____, the undersigned, on this ____ day of _____, 20____,
hereby request a seven (7) day pass for a(n) _____ to be parked
at _____, Rotonda West, Florida.

Upon the signing of this application, I hereby agree to the following provisions:

The above described vehicle **shall be parked only in the driveway** of the above stated address. The vehicle shall never be parked on the yard, an adjoining lot or on the street.

The above described vehicle shall not be parked on the property of any other person, nor shall any person be allowed to live or sleep in this vehicle during the term of the seven (7) day pass.

This seven (7) day pass shall be displayed on the vehicle in a very conspicuous place facing the street.

This pass expires on the _____ day of _____, 20_____.

Owner Signature

Print Name

Approved By: _____

Date: _____

Return Form to:
Association Management Office
Rotonda Heights Conservation Association, Inc.
In Person: 3754 Cape Haze Drive, Rotonda West, FL 33947
By Mail: P.O. Box 3100, Placida, FL 33946
Phone: 941-697-9722; Fax: 941-697-0738

7 DAY PASS