



University Glen Corporation  
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## PARKING REGISTRATION APPLICATION

(University Glen Resident)

**\*ALLOW A MINIMUM 24 HOURS FOR PROCESSING replacement permits\***

### RESIDENT INFORMATION

|                       |                       |                   |
|-----------------------|-----------------------|-------------------|
| LAST NAME             | FIRST NAME            | ADDITIONAL PERSON |
| MAILING ADDRESS       |                       |                   |
| HOME TELEPHONE NUMBER | WORK TELEPHONE NUMBER | EMAIL ADDRESS     |

### VEHICLE INFORMATION

#### VEHICLE #1

|                  |                                     |              |                     |
|------------------|-------------------------------------|--------------|---------------------|
| VEHICLE MAKE     | VEHICLE MODEL                       | VEHICLE YEAR | VIN (Last 4-Digits) |
| VEHICLE COLOR(S) | LICENSE PLATE NUMBER                | STATE        |                     |
| PERMIT #         | PERMIT ASSIGNED TO VEHICLE #1 ONLY. |              |                     |

#### VEHICLE #2

|                  |                                     |              |                     |
|------------------|-------------------------------------|--------------|---------------------|
| VEHICLE MAKE     | VEHICLE MODEL                       | VEHICLE YEAR | VIN (Last 4-Digits) |
| VEHICLE COLOR(S) | LICENSE PLATE NUMBER                | STATE        |                     |
| PERMIT #         | PERMIT ASSIGNED TO VEHICLE #2 ONLY. |              |                     |

#### VEHICLE #3

|                  |                                     |              |                     |
|------------------|-------------------------------------|--------------|---------------------|
| VEHICLE MAKE     | VEHICLE MODEL                       | VEHICLE YEAR | VIN (Last 4-Digits) |
| VEHICLE COLOR(S) | LICENSE PLATE NUMBER                | STATE        |                     |
| PERMIT #         | PERMIT ASSIGNED TO VEHICLE #3 ONLY. |              |                     |

#### VEHICLE #4/MOTORCYCLE

|                  |                                     |              |                     |
|------------------|-------------------------------------|--------------|---------------------|
| VEHICLE MAKE     | VEHICLE MODEL                       | VEHICLE YEAR | VIN (Last 4-Digits) |
| VEHICLE COLOR(S) | LICENSE PLATE NUMBER                | STATE        |                     |
| PERMIT #         | PERMIT ASSIGNED TO VEHICLE #4 ONLY. |              |                     |

### OFFICE USE ONLY

#### RESIDENT VISITOR PERMIT NUMBERS

New Move-In? YES/NO Move-In Date: \_\_\_\_\_ Replacement? YES/NO If yes, fee paid? YES/NO

University Glen Staff Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Date faxed \_\_\_\_\_

Notes/Comments: