

Grenelefe Association of Condominium Owners No. 1, Inc.

**DISABLED PARKING REQUEST
APPLICATION**

Date _____

Unit # _____

Applicant's Name _____

Phone # _____

Length of Lease _____

Make, model, year & color of vehicle

Tag # _____

Please fax (863-422-8937) or email (grenelefecondos@aol.com)
the following:

1. This completed application
2. A copy of the applicant's registration (For Florida registrations, an asterisk will be beside the name of the disabled person. For out-of-state residents, please provide whatever documentation is standard for that state.)
3. A copy of the hanging window placard or a photo of the license plate with the disabled emblem on it.

Signature

* * * * *

For office use only:

Approved by: _____
Representative, Grenelefe Assoc. of Condo. Owners

Date work completed: _____