



UNIVERSITY TOWNES HOA



REGISTRATION FOR PARKING PERMIT

NAME OF OWNER: _____

NAME OF TENANT: _____

ADDRESS: _____

TENANT PHONE #: _____

PARKING SPACE #: _____

AUTOMOBILE #1

MAKE _____

MODEL _____

COLOR _____

LICENSE PLATE # _____

AUTOMOBILE #2

MAKE _____

MODEL _____

COLOR _____

LICENSE PLATE # _____

Send To: **Dacy Flynt**
 Association Management Group
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 Charlotte, NC 28247
 Fax – (704) 889-9500
 E-mail: dflynt@amgworld.com