

THE LINKS at Santa Rita Springs

VEHICLE PARKING WAVIER REQUEST

Date Submitted: _____ Date Received: _____

Homeowner: _____ Phone: _____

Address: _____ Lot #: _____

E-Mail: _____

My signature verifies that I have read and will comply with the ARC Guidelines.

Homeowner Signature: _____

Provide the details as to why this Vehicle Parking Wavier is being requested, includes dates and where vehicle will be parked:

Vehicle #1 description:

Vehicle #2 description:

ARC Action Date: _____

_____ Approved By: _____ Print Name: _____

_____ Disapproved By: _____ Print Name: _____

ARC Comments: