Please fill ou	ıt this form and mail, drop off in person or	fax this to:
	c/o Hoffmann & Associates 7926 Old Seward Highway #B4 Anchorage, AK 99518 PH: 907-562-3200 ext. 105 FAX: 907-562-8221	
**** PLEAS	SE PRINT ****	
NAME:		
ADDRESS:	<u> </u>	UNIT #
PHONE: _		<del></del>
VEHICLE I	MAKE & MODEL:	<u></u>
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illed out each an illing this out, y Association. (Fa ike they normal	THIS OUT OR HAVE YOUR TENANTS In the every time you are absent from the propout of agree and understand the House Rules in the form – will really are). I will be gone from:  I have given my vehicles keys in a and their phone number.	perty for extended period of time. By regarding parking and vehicles at the esult in the House Rules being enforced and return on:  and return on: case of an emergency to:
SIGNED: _	D	OATE:
PRINT NA	ME:	
Hoffmann	& Associates Signed:	Date:

ASSOCIATION NAME:

<sup>\*\*</sup> Owner/Tenant – will receive a copy of this form once it is filled out completely & signed by Hoffmann & Associates \*\*