



Thomas Choice Gardens Condominium

19401 Brassie Place, Montgomery Village, MD 20886
 Phone: (301)948-7080 Fax: (888)253-7258
 email: info@tcgcmv.com

Parking Permit Request Form

Unit Owner Information:

Name:			Phone:		
Mailing Address:			Alt-Phone:		
City:	State:	Zip:	Email:		
Check All That Apply: Owner () Resident () Agent ()				Name Your Agent Below	
Signature of owner below acknowledges that said individual(s) as checked above may act on my behalf regarding TCGC parking permit(s), including ordering replacement(s) which may be charged against my assessment account as per parking rules. Furthermore owner has reviewed the completed Parking Permit Request Form and certifies that it has been filled out in its entirety. Management reserves the right to deal only with the owner in issues pertaining to your unit.				Phone:	
				Email:	
Not Valid Without Owner Signature:			Date:		Email:
Resident Living In Unit:	Owner ()	Tenant ()	Building Address:		Apt.
	Family Member ()		# Of Household Members:	# Of Vehicles:	

By signing below I certify that I am the owner of the vehicle(s) described. Parking permit(s) issued is/are valid for only the vehicle designated and only so long as it has not expired or been revoked. I further understand that the vehicle may be towed from property at owners expense and risk at any time that it is parked in violation of the TCGC parking policy or MD state licensing laws.

Vehicle #1			Vehicle #2		
Make:	Year:		Make:	Year:	
Model:	State:		Model:	State:	
Color:	Tag #:		Color:	Tag #:	
Vin #:			Vin #:		
Vehicle Owner:			Vehicle Owner:		
Resident Name:			Resident Name:		
Address:			Address:		
Contact Phone:			Contact Phone:		
Alternate Phone:			Alternate Phone:		
Email:			Email:		
Signature:			Signature:		
Date:			Date:		

NOTE: NO PARKING PERMIT(S) WILL BE ISSUED TO OWNER(S) OR TENANT(S) WHO IS/ARE IN VIOLATION OF ANY RULE(S) OR REGULATION(S), IS/ARE DELINQUENT IN THE PAYMENT OF THE CONDO ASSESSMENT FEE, OR HAS/HAVE NOT PROVIDED A WORKING PASS KEY(S) FOR THEIR UNIT TO MANAGEMENT. TENANT(S) MUST HAVE A VALID LEASE ON FILE. UNIT OWNER(S) AND RESIDENT(S) MUST COMPLETE THIS FORM IN ITS ENTIRETY.

Office Use Only

Unit ID:		Permit ID:		Date Issued:	
Lease Required:	Y	N	Passkey Req.:	Y	N
			Reviewed By:		