

**TOWNS AT LAKESIDE
REQUEST FOR ONE TIME EXCEPTION TO ARTICLE IV, SECTION 19
COMMERCIAL VEHICLE**

DATE: _____

NAME: _____ (O)WNER/(T)ENANT: _____

ADDRESS: _____

CONTACT INFORMATION: _____

VEHICLE DETAILS:

MAKE: _____

MODEL: _____

YEAR: _____

VIN#: _____

LICENSE PLATE #: _____

DATE ORIGINALLY UTILIZED

& PARKED IN COMMUNITY: _____

CAPACITY (LBS.): _____

Note: To obtain your vehicle's capacity, refer to manufacturers specifications. If the specific CAPACITY number is not provided, it can be determined by taking the GVWR (gross vehicle weight rating) and subtracting the CURB (actual vehicle weight)

OTHER MOTOR VEHICLES PARKED/STORED AT YOUR UNIT OR ON TOWNS PROPERTY:

Return to: James Ro, Sunvast Properties Inc., 321 Interstate Blvd., Sarasota, Fl. 34240,
Fax: 941-378-0322, Tel: 813-957-5502, E-Mail: james@sunvast.net

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PLEASE DO NOT WRITE BELOW THIS LINE

DATE APPROVED _____

AUTHORIZED SIGNATURE: _____

COMMENTS OR CONDITIONS: _____
