

ASSOCIATION NAME: _____

Vacation, Work, Gone, Etc. Vehicle Information Form

Please fill out 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

**** PLEASE PRINT ****

NAME: _____

ADDRESS: _____ UNIT # _____

PHONE: _____

VEHICLE MAKE & MODEL: _____

COLOR: _____ TAG # _____

VEHICLE MAKE & MODEL: _____

COLOR: _____ TAG # _____

VEHICLE MAKE & MODEL: _____

COLOR: _____ TAG # _____

PLEASE FILL THIS OUT OR HAVE YOUR TENANTS FILL THIS OUT. This needs to be filled out each and every time you are absent from the property for extended period of time. By filling this out, you agree and understand the House Rules regarding parking and vehicles at the Association. (Failure to fill out or submit the form – will result in the House Rules being enforced like they normally are). I will be gone from: _____ and return on: _____ . I have given my vehicles keys in case of an emergency to: _____ and their phone numbers are: _____ .

SIGNED: _____ DATE: _____

PRINT NAME: _____

Hoffmann & Associates Signed: _____ Date: _____

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