AFFIDAVIT REGARDING LOST OR DESTROYED PARKING PASS

THE DALE CITY T-7B-1 HOMEOWNERS ASSOCIATION

In order to obtain a new Parking Pass, the original signed and notarized Affidavit shall be returned to:

DALE CITY T-7B-1 HOMEOWNERS ASSOCIATION
c/o MJF Associates, Inc.
10692 Crestwood Drive
Manassas, Virginia 20109

or email completed form to:
info@cherrydalecommunity.org

Please do not email or send a picture of the form.

This is to certify that the application has lost his or her parking pass and is canceling the lost parking pass and requesting a new numbered parking pass.

Member's Name: _____

Resident's Name (if different than Member): _____

Lot Address: _____

Permit Nos. – Lost or Destroyed _____

Permit Nos. in Possession _____

Member's phone No. _____

By signing below, I hereby certify my understanding that the Association may assess the appropriate Member Fifty Dollars ($50.00) for a violation of these Regulations, or Ten Dollars ($10.00) per day for any offense of a continuing nature, for a period not to exceed ninety (90) days or such greater amounts as may be authorized by the Virginia Property Owners Association Act for any improper use of the Affidavit to obtain more than two parking passes for any one Lot.

Signature: _____ Printed Name: _____

Email address: _____

COMMONWEALTH OF VIRGINIA
PRINCE WILLIAM COUNTY, to wit:

SUBSCRIBED, SWORN TO and ACKNOWLEDGED before me this _____ day of _____ 2019, by

_____.

My Commission Expires: _____

_____
Notary Public

My registration no.: _____