

**Audubon Trace Condominium Association
Handicapped Parking Request Form**

❖ **Applicant's Name:**

[Print your full name]

Unit Number

❖ **Check the condition that applies to you:**

I own/co-own this Unit; it is my full time residence

I am a non-owner full time resident of this Unit, and submit the following:

copy of my lease

copy of my car registration

copy of my voter registration

other _____

❖ **My vehicle is a [year, make, model, color, license plate number]:**

❖ **Date my Louisiana Handicapped Parking Permit was issued to me:**

❖ **Date my Louisiana Handicapped Parking Permit expires:**

**See Reverse Side for the rest of the Form. You must complete both sides of the Form.
This Form must be submitted to the Association's Property Manager
and be maintained in the Unit's file.**