The Lakes at the Savannahs Condominium Association C/O Watson Association Management 430 NW Lake Whitney Place, Port St. Lucie, FL 34986 hrothmel@watsonrealtycorp.com

DRIVEWAY USAGE REQUEST FORM

Date:		
Name:		
Address:		
I (owner of driveway)		hereby
authorize (name of individual using driveway)		to
park his/her vehicle on my driveway	located at	<u> </u>
OWNER OF CAR INFORMATION:		
Start Date:		
End Date:		
LAS Decal Number:	License Plate Number:	
Color of Vehicle:	Make/Model:	
I (Owner)	accept ful	l responsibility
for any damages or stains caused to t		
could result in stains to the driveway	. I confirm that the driveway is curre	ently in a clean
orderly condition. I further accept re	sponsibility for any damages that co	uld occur to the
irrigation, garage door or lawn.		
Owner Signature	Date	
Board Approval:		
President:	Date:	
Vice President:	Date:	