Fairlington Commons Council of Co-Owners

3367 S. Wakefield St.
Arlington, VA 22206

PARKING PASS APPLICATION

Resident Name: _____
Last Name, First Name

Co-Owner Name (If Different from Resident): _____
Last Name, First Name

Residence Address: _____

_____

Residence Unit #: _____

Number of Passes Requested: ☐ **One Pass** ☐ **Two Passes**

I understand that I may be subject to towing and storage fees in the event my vehicle is in a Commons parking lot without a parking pass displayed and that the parking pass is absolutely non-transferable for use by another unit. I also understand that the parking pass is the property of the Fairlington Commons Council of Co-Owners and agree to return the pass to the Council Board of Directors upon selling or moving from my residence. I further understand that there is a $25 fee to replace a parking pass and this fee will be assessed if the pass is lost, stolen, or not returned upon moving. If the assigned pass is taken out of commission, it may not be re-used on another vehicle.

_____ _____
Resident Signature Date

Pass Number(s) Assigned: _____ _____

Pass Issued (Date): _____

Pass Authorized By: _____
Active Member of the Board of Directors