## NEWINGTON COMMUNITY ASSOCIATION POOL LOT PARKING – APPLICATION FOR 10/1/\_\_\_\_\_THROUGH 9/30/\_\_\_\_ \$10 Non-refundable Fee for All Applications

Date: _				
CHECK	ONE:			
	would like to apply for a space is angled spaces. I understand the			
I	would like to apply for a space i	nside the pool parking lot fen	ced enclosure in one of	
_	er back spaces. I understand then			
I	would like to apply for a space	outside the pool parking lot fe	enced enclosure. No Service Fee.	
Lot Numb	per:			
Name:				
Address:				
Telephone	e Number: Home:	Cell:	Alt:	
Email:				
	LE DESCRIPTION:			
Type of Vehicle: Color:		or:		
Manufacturer:		Make:		
	License Number and Vehicle ID			
v cincic i	Electise Number and Vehicle ID	rumoer (meruanig state).		
	icense Number (including State	):		
		e of the NCA Pool Parking Lot to the resident occupant of		
		s Signature	Date	
	o wher	Signature	Bute	
Instruction				
1. 2.	Complete this form.  Englage a check payable to NCA for \$10 for the application for			
3.	Enclose a check payable to NCA for \$10 for the application fee.  Enclose copies of documents that show proof of ownership of vehicle.			
<i>3</i> . 4.	Ensure your vehicle is in good running condition and has all current tags, licenses, and			
	stickers.			
5.	This form must be received	by <b>September 1st</b> to: NCA		
	P.O. Box 351			
	Springfield, VA 2	2150		
I have re	ad the NCA Pool Lot Parking Po	olicies and Procedures and agr	ree to abide by them.	
Signature			Date	
	ce Use: Date received	Check #	Proof of Ownership (Y/N)	
	Qualified (Y/N)		nment	