



**VUE HOMEOWNERS' ASSOCIATION
REQUEST FOR DISABLED PARKING SPACE FORM**
(Declaration, Article 3, Section 3.7.10)

The undersigned Owner requests assignment of a Disabled Parking Space based on the attached documentation issued by the California Department of Motor Vehicles. Owner understands that assignment of a Disabled Parking Space shall be in lieu of one of Owner's issued parking spaces that are appurtenant to the Residential Unit.

Please attach a copy of the proof of disabled status, such as a distinguishing license plate or placard issued by the California Department of Motor Vehicles.

All record Owners (for example, husband and wife/all joint tenants/all tenants in common) of a Unit hereby agree to this request for Disabled Parking Space and all such record Owners must sign this form. Please submit proof of Ownership with this form.

Owner: _____

Owner: _____

Unit No.: _____

Existing Assigned Parking Space No.: _____

Existing Assigned Storage Space No.: _____

FOR OFFICE USE ONLY:

The following Disabled Parking Space is hereby assigned to the above Owner:

Disabled Parking Space No.: _____

Please send your completed form to:

Vue Homeowners' Association
c/o Management Office
255 5th Street
San Pedro, CA 90731-3303
F: (310) 519-1249