



Pacific

Oceanside Manor Homeowners Association

Request for Parking Permit

Type of Permit: Guest: _____ Caregiver: _____ Temporary: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Vehicle Make: _____ Model: _____

Vehicle Color: _____ License: _____

Dates Requested: _____

Reason for Request: _____

Signature: _____ Date: _____

Please give completed form to Pam Hubbard, Parking Chairperson, 4256 Shadow Lane, 760-828-0152. Allow 2 days lead time.