

ROSSLYN HEIGHTS NORTH  
A CONDOMINIUM

**VEHICLE REGISTRATION FORM**

Property Address/Unit # \_\_\_\_\_

Please select one of the three options listed below. I would like to register for:

#1     \_\_\_     2 Fixed Permits

#2     \_\_\_     1 Fixed Permit, 1 Hang Tag

#3     \_\_\_     1 Hang Tag

Owner Information (Must Provide)

Name(s) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home Phone/Best Contact Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Tenant Information** - if you wish to have the permits mailed directly to your tenant(s)

Name(s) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home #/Best Phone #: \_\_\_\_\_

If you elected to register for a fixed permit, please fill out information below:

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**Vehicle Information**

**Fill out information for vehicle 2 only if you selection Option #1**

**Vehicle 1**

**Vehicle 2**

Vehicle Make \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Color of Vehicle \_\_\_\_\_

Color of Vehicle \_\_\_\_\_

State/Tag Number \_\_\_\_\_

State/Tag Number \_\_\_\_\_

I, the owner of unit # \_\_\_\_\_ at Rosslyn Heights North Condominium do hereby certify that I have received, read and agree to comply (or if applicable, have my tenants comply) with all of the provisions of Policy Resolution No. 03-02, Amended Parking Policy.

I understand that the Board of Directors has authorized a towing company to patrol the property and that the towing company may tow a car parked on the property without: a permit, current registration, or required county sticker/decals, and inspection sticker. I also understand that this is not a comprehensive list but just a highlight of the parking policy which I have received and read.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**For GHACM Office Use only:**

Vehicle 1 permit # \_\_\_\_\_ Fixed/hanging \_\_\_\_\_ Vehicle 2 permit# \_\_\_\_\_ Fixed/hanging \_\_\_\_\_

Date issued \_\_\_\_\_

Date issued \_\_\_\_\_

**Return completed form to: Pgenebroso@ghacm.com**

**GATES HUDSON COMMUNITY MANAGEMENT  
3020 HAMAKER CT- SUITE 300- FAIRFAX, VA 22031  
703.752.8300 OFFICE / 703.876.9594 FAX**