

Annapolis Overlook – Parking Permit Replacement Form

Date: _____

Unit Address: _____

Owner(s) Information

Name: _____

Address: _____

Phone: _____

Tenant(s) Information

Name: _____

Phone: _____

Permit Numbers Being Replaced.

Permit #: _____

Permit #: _____

Reason for replacement: _____

Address to Mail Replacement Permit: _____

I UNDERSTAND THERE IS A \$75.00 REPLACEMENT FEE FOR EACH PARKING PERMIT.

This fee will be applied to my assessment account upon release of the replacement parking permit(s). Permits previously issued to my unit will no longer be valid, and I understand if I display invalid permits in my vehicle, it will be subject to towing at my expense.

Unit Owner Signature: _____

Date: _____

Should you have any questions regarding this form, please contact the Community Manager – Jon Evans, at jevans@sentrymgt.com, or via telephone at 410-721-7171 extension 57023.

Please return completed form to Sentry Management, Inc., Attn: Jon Evans via:

- **Email:** jevans@sentrymgt.com
- **Fax:** 410-721-3842
- **Mail:** 2200 Defense Highway, Ste. 405, Crofton, MD 21114

To remit payment via personal check or money order, please make payable to Annapolis Overlook Condominiums, Inc., and mail to the address listed above.

Payment may also be made electronically or over the telephone; for additional payment option information please navigate to: www.sentrymgt.com.

For internal use only – please do not complete the portion below the dotted line.

New Permit(s) Issued: _____ Date Issued: _____

Distribution Method: _____ Manager's Signature: _____

Payment Method: _____