

Dale City Fourth Homeowners Association, Inc.
C/O Cavalier Management
P.O. Box 370
Dumfries, VA 22026
571-208-7845
CavalierManagementHOA.com
OperationsCavalierMGMT@gmail.com

PARKING REGULATIONS FORM

- ❖ Each lot within the Association is entitled to the exclusive use of one (1) assigned residence space. The markings on the space shall correspond with the address of the lot entitled to its use. A parking permit will not be required to park in an assigned space.
 - ❖ Each lot within the Association is entitled to two (2) parking permits. A parking permit will be required when a vehicle is parked in a non-assigned and/or visitor space within the community. The parking permit must be displayed 10pm-6am, and must hang from the rear view mirror. Use of counterfeit, expired, invalidated, revoked or unauthorized parking permits is prohibited.
 - ❖ The Homeowner must be current in their association dues payment, or parking privileges can be revoked and you will be subject to being towed at your own expense.
 - ❖ The Association is not responsible for lost, stolen, broken parking permits. If passes are lost, stolen, and/or damaged, you may obtain a replacement pass at a cost of \$35.00 per pass, provided the damaged pass is returned or a written statement is provided regarding the loss of the original pass.
 - ❖ Vehicles displaying invalid, expired, or revoked parking permits shall be subject to towing enforcement.
 - ❖ ALL PROPERTY OWNERS AND RENTERS ARE RESPONSIBLE FOR ENSURING THAT THEIR VEHICLE(S) AND THEIR VISITOR'S VEHICLE(S) COMPLY WITH THE HOA VEHICLE MANAGEMENT POLICY.
 - ❖ TO RECEIVE YOUR PARKING PASSES, YOU MUST:
 - COMPLETE THE "PARKING REGULATIONS" FORM AND "OWNER REGISTRATION FORM"
 - IF YOU HAVE A TENANT, YOU MUST ALSO COMPLETE THE "TENANT INFORMATION SHEET"
 - SUBMIT FORMS TO CAVALIER MANAGEMENT
 - PAY REPLACEMENT FEE, IF APPLICABLE
-

Property Address: _____

Number of Parking Passes Issued: One Two

Towing is strictly enforced. By signing below, you acknowledge that you have been made aware of the parking regulations that govern The Dale City Fourth HOA community, and you hereby acknowledge receipt of your Parking Pass(es).

TO BE COMPLETED BY OWNER:

Signature: _____
Print Name: _____
Telephone#: _____
Date: _____
Email: _____

TO BE COMPLETED BY TENANT (if applicable):

Signature: _____
Print Name: _____
Telephone#: _____
Date: _____
Email: _____

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OWNER VEHICLE REGISTRATION FORM

Lot Owner(s) Name: _____

Mailing Address: _____

Property Address: _____

Phone # (OWNER): (H) _____ (W) _____ (C) _____

Phone # (TENANT): (H) _____ (W) _____ (C) _____

Is this Property a Rental Unit? YES NO

IF YES, List ALL persons listed on the lease:

A COPY OF THE CURRENT LEASE MUST BE PROVIDED.

Complete list of ALL vehicles kept on Dale City Fourth HOA Property:

VEHICLE 1:	TAG# _____	MAKE _____	COLOR _____	YEAR _____
VEHICLE 2:	TAG# _____	MAKE _____	COLOR _____	YEAR _____
VEHICLE 3:	TAG# _____	MAKE _____	COLOR _____	YEAR _____
VEHICLE 4:	TAG# _____	MAKE _____	COLOR _____	YEAR _____
VEHICLE 5:	TAG# _____	MAKE _____	COLOR _____	YEAR _____

Each lot within the Association is entitled to two (2) parking permits. A parking permit will be required when a vehicle is parked in a non-assigned and/or visitor space within the community. The parking permit must be displayed 10pm-6am, and must hang from the rear view mirror. Permits are non-transferable between Lots. They may not be loaned, borrowed, sold, or traded.

The Association is not responsible for lost, stolen, broken parking permits. If passes are lost, stolen, and/or damaged, you may obtain a replacement pass at a cost of \$35.00 per pass, provided the damaged pass is returned or a written statement is provided regarding the loss of the original pass.

By signing below, I acknowledge that the above information is correct and I have read, understand, and will abide by the parking rules and regulations of Dale City 4th HOA.

OWNER'S Signature: _____

Date: _____

TENANT'S Signature: _____
(if applicable)

Date: _____

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TENANT INFORMATION SHEET

PROPERTY ADDRESS: _____

NAME OF OWNER: _____

ALTERNATE ADDRESS
OF OWNER: _____

OWNER
PHONE NUMBER: _____

NAME OF TENANTS: _____

TENANT(S)
PHONE NUMBER: _____

HAS THE TENANT RECEIVED A COPY OF THE COMMUNITY'S RULES AND
REGULATIONS? YES NO

DATE OF RENTAL LEASE AGREEMENT: FROM _____ TO _____
A COPY OF THE CURRENT LEASE MUST BE PROVIDED.

TENANT SIGNATURE: _____

DATE: _____

All information given is to be used by Cavalier Management, Inc. for Property Management purposes only.