

Eastport Clubhouse Parking Permit

Please complete the information below and **place in the front windshield** where information is clearly visible.

Vehicle Information:

Make _____ Model _____ Color _____

Days Vehicle will remain: from (mo/day) _____ to (mo/day) _____

Owner/Contact:

Name _____ Phone # _____

Address of Eastport Resident you are visiting _____

***Be sure, if you are leaving town to leave the keys with the (or a) Resident in case the vehicle needs to be moved. If we are unable to reach you/resident to move the vehicle it will be towed at owner's expense.**

Please contact Cathy Pleasant at 910-512-9391 if you have any questions.

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