

# OVERNIGHT VISITOR PARKING APPLICATION FORM

Building : CONTESSA CONDOMINIUM

### Particulars of Resident

Unit No.		Category	*Owner / Tenant
Name			
I.C./Passport No.			
Contact No.			
Home		Office	
		H/P	

### Particulars of Visitor

Name			
I.C./Passport No.			
Contact No.			
Home		Office	
		H/P	
Vehicle No.			
Nos. of day of parking	From	To	
Nos. of day		Date	
Nos. of night		Time	
Reason of visit			

#### Rules and Regulations:-

1. This application is strictly for visitor ONLY.
2. Uncompleted form shall not be entertained.
3. A fee of RM10.00 per night parking is chargeable and the fee has to be paid to the Building Management together with this application.
4. Due to limited number of visitor parking lot, each unit is entitled to apply for only one (1) visitor parking lot for a maximum of 2 nights.
5. A copy of this approved application form must be displayed permanently on the dashboard in the vehicle while the vehicle is parking in the visitor lot allocated.
6. Visitor must park their vehicle at the parking lot allocated by the Building Management or the security personnel.
7. Any discriminate parking, including park at the lot not allocated by the Building Management or security personnel, the vehicle will be clamped and a penalty of RM100.00 is chargeable to release of clamp.
8. Vehicle is parked at your own risk. The Building Management and Management Corporation shall not be liable for missing or damage of vehicle parked within the premises compound neither outside the perimeter of the compound of the premises.

I, the resident of Contessa Condominium, fully understand, accept and agreed to abide with the House Rules of Contessa Condominium and the rules and regulations stipulated above. I clearly understand that the Building Management or the Management Corporation reserved the right to take any action against me in the event of breach of the House Rules of Contessa Condominium and the rules and regulations stipulated

above. I agree to reimburse the Building Management or the Management Corporation for any loss, damage, etc to the building fabric and equipment.

Signature of applicant,

\_\_\_\_\_  
Name :

Date :

**For Office use only**

Application status :  Amount Paid :   
 Receipt No. :

Days of parking approved : Nos. of days :  From : Date  Time   
 Nos. of nights :  To : Date  Time

Parking lot no. allocated :

Approved by BS/BM

\_\_\_\_\_  
Signature & Stamp

Name : \_\_\_\_\_

Date : \_\_\_\_\_