

Canoa Vistas Inc.
Parking Exception Request Form

Date: _____

Owner: _____

Address: _____

Phone Number: _____

Email: _____

Category of Exception:

___ Medical condition (Please describe below)

___ Medical service providers

___ Remodel/Reconstruction in Home

___ Other (please specify):

Time frame of Request:

___ From _____ (date) to _____ (date).

___ For the year _____.

Short description of the request (attach any medical information as necessary):

Return completed document(s) to:

Canoa Vistas Inc.

Maintenance Committee or email to: board@canoavistas.org

2980 Camino del Sol #115

Green Valley, AZ 85622

(Maintenance Review Committee - Response Section)

Date:

Reviewed and **Approved** by:

Stipulations for approval (if any):

Reviewed and **Denied** by:

Reason for denial: