



# The Refuge Community Association, Inc.

## COMMON AREA STORAGE PARKING AGREEMENT FORM

DATE: \_\_\_\_\_ STORAGE SPACE NUMBER: \_\_\_\_\_

OWNER OR RESIDENT NAME: \_\_\_\_\_

REFUGE LOT: \_\_\_\_\_ REFUGE ADDRESS: \_\_\_\_\_

MAILING/BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BEST TELEPHONE NUMBER TO REACH YOU: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### DESCRIPTION OF PERSONAL PROPERTY:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LENGTH OF SPACE NEEDED \_\_\_\_\_

COLOR: \_\_\_\_\_ PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HOW LONG WILL YOU STORE THIS ITEM IN THE STORAGE AREA?

- Check Here if long term – until written notice to vacate is provided.
- Check Here to list a start and stop time: From: \_\_\_\_\_ To: \_\_\_\_\_
- Check Here if you wish to pay by check or cash – **NO BILL WILL BE SENT**
- Check Here if you wish to have your fee deducted from your checking account:

ACCOUNT HOLDER NAME: \_\_\_\_\_ BANK: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

I agree to follow the rules and pay the monthly fee set forth by The Refuge Community Association Board of Directors in order to use the Common Area Storage Parking. I understand that if I fail to follow the rules or pay the monthly fee, that with notice, the Association can and will remove my personal property from the Common Area Storage Parking at my expense.

**I understand that I am responsible to pay each month until I provide 10 calendar days written notice to vacate a space prior to the first date of each month billed.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Association Use:

Space Number Assignment: \_\_\_\_\_ Size: \_\_\_\_\_