



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: _____