

TO: LAKERIDGE CONDOMINIUM ASSOCIATION BOARD

1776 6<sup>TH</sup> STREET NORTH WEST UNIT 106

WINTER HAVEN, FLORIDA 33881-2178

I HAVE AGREED TO ALLOW,

NAME: \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_

TO USE MY COVERED PARKING SPACE UNDER THE FOLLOWING CONDITIONS:

---

---

---

---

SIGNATURE \_\_\_\_\_

UNIT: \_\_\_\_\_

DATE: \_\_\_\_\_

