



# The Landings Management Association, Inc.

## Vehicle Decal Request

Date Requested:

Owner Name:   
*(not tenant)*

Landings Address:  Phone:

Tenant Name:   
*(if decal is for tenant)*

Lease Term: Start Date:  End Date:  Month to Month

Extended Resident   
*(approval required)*

### Replacing a Vehicle

#### Old Vehicle

Make	Model	Color	Year	License Plate #	State	Decal #

#### New Vehicle

Make	Model	Color	Year	License Plate #	State	Decal #

### Adding Vehicle(s)

Make	Model	Color	Year	License Plate #	State	Decal #

### Replacing a Malfunctioning Decal

Make	Model	Color	Year	License Plate #	State	Old Decal #	New Decal #

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Issued by \_\_\_\_\_

Date \_\_\_\_\_