TEMPORARY VEHICLE ACCESS PERMIT

PLEASE SEND THIS REQUEST TO THE COMMITTEE EMAIL ADDRESS FOR APPROVAL

committee@ulonwabo.co.za

DETAILS OF THE RESIDENT:

UNIT NUMBER: _____

RESIDENT NAME: _____

RESIDENT E-MAIL: _____

RESIDENT CELL NUMBER: _____

DETAILS OF VEHICLE TO BE USED:

REGESTRATION NUMBER: _____

MAKE, MODEL & COLOUR: _____

DURATION OF PERRMIT: NO LONGER THAN 30 CALENDAR DAYS

PERIOD OF TEMPORARY PERMIT:

Date of Commencement: _____

Date of Expiry: _____

_____ _____

Signature – Resident: Date:

_____ _____

Signature 1 – UHOA _____ Date:

Signature 2 – UHOA _____ Date: