SPRINGFIELD PARK PLACE

U-PASS ACCESS REGISTRATION FORM

Please drive slowly through the gate to ensure the U-Pass tag is read properly.

OWNER / RESIDENT INFORMATION

Owner Name _____ Unit # _____ Phone # _____

Tenant Name _____

Person Requesting Passes _____

RESIDENT PASSES ONLY

NAME	LICENSE PLATE #	U-PASS #	MAKE & MODEL

REPLACEMENT PASSES (IDENTIFY VEHICLES)

NAME	LICENSE PLATE #	U-PASS #	MAKE & MODEL

PAYMENT INFORMATION

All U-Pass tags cost $15.00 per tag.

Please make checks payable to Springfield Park Place Condominium Association.

Number of Tags _____ Total Amount Due ($) _____

AUTHORIZATION

Signature of Person Requesting Passes _____ Date _____