

# Brandy Court Homeowners Association

Please fill out form completely, printing clearly, and return to Burke Community Management Group, 10494 Business Center Court, Manassas, VA 20110, Email: [office@burkecmg.com](mailto:office@burkecmg.com) Fax: 703-330-5254

**Replacement Parking Pass(es) - this also includes guest (\$75.00 each)** Make checks payable to Brandy Court)  
Include a copy of your state vehicle registration(s).

## Vehicle Information

Vehicle Owner Name (Last) (First) (MI) (Suffix, ex. Sr., Jr., III)

Vehicle Co-Owner Name (Last) (First) (MI) (Suffix, ex. Sr., Jr., III)

Vehicle Owner Phone Number

Vehicle Owner Email

Address

City  
Manassas Park

State  
Virginia  
20111

Own ☐ or Rent ☐

If rent, fill in Unit Owner Section and have owner sign\*

License Plate State & Number (ex. VA XYZ-987)

Vehicle Make (ex. Honda)

Vehicle Year & Model (ex. Civic)

License Plate State & Number (ex. VA XYZ-987)

Vehicle Make (ex. Honda)

Vehicle Year & Model (ex. Civic)

\*Unit Owner(s) Name [Landlord's name]

\*Unit Owner(s) Phone Number and Email

\*Unit Owner Mailing Address

City

State and Zip

**STATEMENT:** I/We certify that all information herein is true and correct. I/We request this(ese) parking pass(es) as an owner/renter living ON-SITE and agree to follow all Brandy Court Parking Rules and Regulations, which can be viewed online by registering at [www.acmcorp.org](http://www.acmcorp.org). I/We certify the vehicle(s) is/are in compliance with all state and local laws and regulations, and is not for commercial use. I/We understand that individuals found to be falsely acquiring or distributing parking pass(es) may have all parking privileges revoked immediately and indefinitely.

**RENTERS:** Passes must be returned to your Owner/Landlord when you move or they will be charged and it will be deactivated. Prices subject to change without notice.

Vehicle Owner Signature

Date

\*Unit Owner/landlord Signature Date

If the owner/landlord cannot sign this form, we need a written authorization from them attached to this form.

This section to be completed by the Office Only Signature of Personnel

Pass Numbers

Guest Pass Number

Space Number

Replacement Pass Number

2nd Replacement Pass Number

Guest Replacement Pass Number