

Date _____

**HAWTHORNE PLACE PARKING GARAGE
INFORMATION SHEET**

ALL INFORMATION MUST BE COMPLETED TO ACTIVATE AN ACCESS CARD.

Parking Space Owner	_____	Space #	_____
Address	_____	Card #	_____
	_____	Pedestrian Card #	_____
Telephone	_____ day	_____ evening	
Email Address	_____		
Condo Unit #	_____		

Managing Agent	_____		
Telephone	_____ day	_____ evening	

Parking Space Renter Name	_____		
Condo Unit #	_____		
Telephone	_____ day	_____ evening	
Email Address	_____		

VEHICLE INFORMATION			
Vehicle #1:	Make/Model _____	License #	_____
Vehicle #2:	Make/Model _____	License #	_____

Return to: Hawthorne Place Condominium
2 Hawthorne Place, Management Office
Boston, MA 02114
Phone: 617-723-4937
Fax: 617-723-7438
Email: management@hawthorneplace.com