

**Canoa Vistas Inc.**  
**Parking Exception Request Form**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Category of Exception:**

\_\_\_\_ Medical condition (Please describe below)

\_\_\_\_ Medical service providers

\_\_\_\_ Remodel/Reconstruction in Home

\_\_\_\_ Other (please specify): \_\_\_\_\_

**Time frame of Request:**

\_\_\_\_ From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

\_\_\_\_ For the year \_\_\_\_\_.

Short description of the request (attach any medical information as necessary):

**Return completed document(s) to:**

**Canoa Vistas Inc.**

**Maintenance Committee**

**2980 Camino del Sol #115**

**Green Valley, AZ 85622**

**or email to: [Maintenance@canoavistas.com](mailto:Maintenance@canoavistas.com)**

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*(Maintenance Review Committee - Response Section)*

Date:

Reviewed and **Approved** by:

Stipulations for approval (if any):

Reviewed and **Denied** by:

Reason for denial: