Willowbrook Estates Community Association, Inc., Units 1, 2, 3
Parking/Storage Application

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>Lot No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot Owner Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Phone No.</td>
</tr>
<tr>
<td></td>
<td>Cell No.</td>
</tr>
<tr>
<td>Description of Item</td>
<td></td>
</tr>
<tr>
<td>Being stored/parked:</td>
<td></td>
</tr>
<tr>
<td>(Include photograph.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Licensed Provide: Plate Number State Exp. Date

Physical Dimensions: Length (ft) Width (ft) Height (ft) Color

Requested starting parking/storage date: Ending date:

Location on property where item will be parked/stored:

Attach a plat of survey (or copy) or sketch of lot and dwelling showing location of parking or storage.

Will Item be covered? Yes/No How covered?
Color of covering: _______ How will covering be anchored?

Please give this form to a Board member or mail to:

Active Residential Management Services, Inc.
935 W. 175th Street
Homewood, Illinois 60430
P: 708-647-2826
F: 708-647-2831

---

DO NOT WRITE BELOW THIS LINE.

APPROVED / DENIED PERMIT #
DATE: REAPPLICATION NECESSARY: YES / NO
TERMS OF APPROVAL: __________________________

RESULT OF NON-COMPLIANCE:

APPROVED BY: __________________________

DATE APPLICANT NOTIFIED: ________________ APPLICANT NOTIFIED BY: __________________________

APPLICANT SIGNATURE OF RECEIPT: __________________________
DATE SIGNED: __________________________

WBeca FORM #108