

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

Date of Application: \_\_\_\_\_  
Lot Owner Name: \_\_\_\_\_ Lot No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ Cell No. \_\_\_\_\_

Description of Item \_\_\_\_\_  
Being stored/parked: \_\_\_\_\_  
(Include photograph.) \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_