



(This portion for Office Use Only)  
Date received by TW: \_\_\_\_\_  
Processed By: \_\_\_\_\_  
**Approved or Declined:**  
\_\_\_\_\_  
Pass Number Issued: \_\_\_\_\_

## VALLEY CREST HOMEOWNERS ASSOCIATION

### OVERNIGHT GUEST PARKING PASS REQUEST FORM

**DATE:** \_\_\_\_\_

**RESIDENT'S NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EXPLANATION:** \_\_\_\_\_

\_\_\_\_\_

**HOW LONG WILL PASS BE NEEDED:** \_\_\_\_\_

**DESCRIPTION OF GUEST'S VEHICLE:**      **Make** \_\_\_\_\_  
   **Model** \_\_\_\_\_  
   **Color** \_\_\_\_\_  
   **License Plate #** \_\_\_\_\_

**PLEASE SUBMIT THE COMPLETED FORM TO:**

**MAIL OR DROP OFF**

Valley Crest HOA  
c/o Terra West Management Services  
11135 S. Eastern Ave, Suite 120  
Henderson, NV 89052

**FAX OR EMAIL**

Attn: Valley Crest HOA  
Fax Number: (702) 998-6086  
[valleycrest@terrawest.com](mailto:valleycrest@terrawest.com)

*VEHICLES PARKED OVERNIGHT IN THE STREET WHICH ARE NOT APPROVED  
ARE SUBJECT TO TOW AT VEHICLE OWNER'S EXPENSE.*

***OVERNITE GUEST PARKING IS PERMITTED IS LIMITED TO SEVEN (7) CONSECUTIVE DAYS.***