

3140 SW SUNSET TRACE CIRCLE  
PALM CITY, FL. 34990  
(772) 283-6868 / FAX (772) 223-0801  
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**VEHICLE INFORMATION SHEET**

Barcode/Sticker Fee \$15 per vehicle.

Copy of Driver's License:

Date: \_\_\_\_\_ Paid by: Check #: \_\_\_\_\_ Cash Receipt #: \_\_\_\_\_

Please read and complete this document and sign below. **A copy of the registration and proof of insurance** for each vehicle listed below must be submitted simultaneously with this information sheet.

Name: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Phone # of Unit: \_\_\_\_\_ Cell: \_\_\_\_\_

Assure the board of Directors of STHOA that pursuant to Article 9 of the STHOA Declaration of Covenants and Restrictions the vehicles listed below will be used solely as family or personal transportation and not as commercial vehicles. The undersigned also agree(s) that the below described vehicle(s) will: (1) be well maintained at all times; (2) **display no body rust or other deterioration**; and (3) exhibit a well painted exterior free of any exterior markings, decals and lettering and /or not have any non- manufacturer options (removable or not).

I/We further affirm that none of the vehicles listed below are campers, trailers, commercial vehicles, motorcycles, mopeds, or recreation vehicles. Additionally, I/We understand and agree that pursuant to **Section 9.1.4.2 of the Declaration of Covenants and Restrictions for STHOA, Trucks, Vans, and SUVs must be approved by the STHOA Board of Directors with trucks not to exceed 6000lbs GVW also, Vans and SUVs are not to exceed 7500lbs GVW**

**The term "Gross Vehicle Weight" as utilized in Section 9.1.4.2 of the Declaration of Covenants and Restrictions for Sunset Trace, shall be defined as the GVW designated by the manufacturer of the vehicle. It shall be the responsibility of the vehicle owner(s) as requested by STHOA (through the Board of Directors and/or the management company) to provide proof of curb weight (defined as manufacturer's estimated weight with all standard and optional equipment including weight of fuel at normal tank capacity) either from the vehicle manufacturer or from a licensed weigh station with a certificate of proof.**

I/We understand that the Board of Directors of STHOA Inc., shall have the authority to revoke any permit issued if the representation and warranties that I/We made were found to be inaccurate at the time of permitting , and /or are no longer accurate at a later date. This will mean that I/We are not in compliance, hence, the vehicle(s) will not be allowed on STHOA property and will be towed off at my expense.

**Any third vehicles must be parked in designated "Reserved" parking spaces and not in "Guest" designated spaces.**

\_\_\_\_\_  
Signature

Unit #: \_\_\_\_\_

**Vehicle #1** Owner's Name: (Print) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Vehicle Weight (GVW): \_\_\_\_\_ 2 or 4 Door

Vin#: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Signature (Owner): \_\_\_\_\_

Vehicle Visually Inspected by STHOA: \_\_\_\_\_ Date: \_\_\_\_\_

**Vehicle #2** Owner's Name: (Print) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Vehicle Weight (GVW): \_\_\_\_\_ 2 or 4 Door

Vin#: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Signature (Owner): \_\_\_\_\_

Vehicle Visually Inspected by STHOA: \_\_\_\_\_ Date: \_\_\_\_\_

**Vehicle #3** Owner's Name: (Print) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Vehicle Weight (GVW): \_\_\_\_\_ 2 or 4 Door

Vin#: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Signature (Owner): \_\_\_\_\_

Vehicle Visually Inspected by STHOA: \_\_\_\_\_ Date: \_\_\_\_\_