

CAMP VERDUGO OAKS PARKING PERMIT

DRIVER'S NAME _____

UNIT # _____ Date of Visit _____

Cell Phone Number _____

FILL OUT THE ABOVE INFORMATION UPON ARRIVAL IN CAMP

**BE SURE TO KEEP YOUR CAR KEYS WITH YOU AT ALL TIMES
PLACE IN CLEAR VIEW ON INSIDE LEFT DASHBOARD**

ALWAYS PARK FACING OUT

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