

WORKING SOLUTIONS, INC.

The Property Management Co.

2931 Lewis Street, Suite 400
Kennesaw, GA 30144

Telephone (770) 424-7749
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*** IMPORTANT NOTICE ***

BUILDING 100 RESTRICTED PARKING POLICY EFFECTIVE APRIL 18TH

April 8, 2016

Attention Building 100 Homeowners:

As you may know, the Hembree Creek Board of Directors have determined that restrictions are needed in front of building 100 to alleviate the parking problems due to limited space. Therefore, the restricted parking policy outlined in this memo will go into effect **Monday, April 18th**. The purpose of these restrictions is to assure that each unit in building 100 is guaranteed the use of one (1) parking space in front of the building. In order to accomplish this objective, the Board has implemented the following:

- Ten (10) parking spaces have been designated in front of building 100 as “Resident” parking spaces for building 100 residents only. These spaces have *not* been assigned by unit number but are restricted to building 100 residents only.
- These parking spaces have been painted to reflect that they are for “Resident” parking and several signs have been posted in front of these spaces to identify them as such.
- Homeowners in building 100 have been issued one (1) hang tag per unit. See enclosed. The hang tag needs to be displayed on the vehicle’s rear view mirror in order to park in the “Resident” parking spaces. Each unit in building 100 has been assigned one (1) hang tag only. You will not be issued any additional hang tags. In the event you lose a hang tag, you may request a replacement for a cost of \$10. We will re-assign a new reference number on your hang tag for your unit. Only one (1) hang tag will be assigned per unit at any given time. If you obtain a new vehicle, please register that vehicle accordingly.
- The Board may conduct onsite inspections as often as necessary to insure compliance with this policy.
- Any vehicle parked in a “Resident” parking space without the required hang tag will be subject to being towed off the property *immediately* at the owner’s expense and/or may be subject to a \$50 fine for violating the policy.
- Hembree Creek’s governing documents allow for two (2) vehicles per unit. However, there are not enough parking spaces by building 100 for each unit to park two (2) cars. You may have to park one of them by the dumpster. Do not park in front of building 200 as they also have a restricted parking policy in place.
- **GUEST PARKING:** This policy applies to your guests/visitors. The appropriate parking spaces are marked “Resident” and numerous signs are posted warning that vehicles will be towed if not in compliance. It is the resident’s responsibility to make sure guests comply with this policy and park in the appropriate spaces. Please remember to inform your guests that alternative parking is available down by the dumpster if needed. It is not ideal but there are no other available options unfortunately.
- **POOL SEASON:** Please be aware that during the day, some residents may park at the pool.

Our intention is to obtain all resident's compliance with this policy. We are not interested in collecting fines or creating an inconvenience by having vehicles towed. It is our sincere hope that all residents will comply and these penalties will not be necessary to enforce. If anyone has any questions regarding this new policy, please do not hesitate to contact our office for assistance.

If you have not registered your vehicle, or you have a new vehicle, please complete the attached form and return it to our office ASAP. Email to cindy@workingsolutionsinc.com, fax to 770-427-2824, or mail to Working Solutions, Inc., 2931 Lewis Street, Suite 400, Kennesaw, GA 30144.

Respectfully,
Working Solutions, Inc.

Elysia Bonner
Property Manager

cc: Hembree Creek Board of Directors

Enclosure

Hembree Creek Resident Emergency Information Form

Date: _____

Personal Information			
Unit Number	Unit Number:	Total Number of Occupants:	
Owner's Full Name	First:	Last:	
Race/Gender	Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Gender: M or F
Phone number(s)	Home:	Mobile:	
Email Address			
Pets	Type (dog, cat...):	Pet's Name:	Description:
Pets	Type (dog, cat...):	Pet's Name:	Description:
Occupant (1) Full Name	First:	Last:	
Race/Gender	Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Gender: M or F
Relationship	<input type="checkbox"/> spouse/significant other <input type="checkbox"/> roommate <input type="checkbox"/> child (if yes, list age _____)		
Phone number(s)	Home:	Mobile:	Other:
Occupant (2) Full Name	First:	Last:	
Race/Gender	Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Gender: M or F
Relationship	<input type="checkbox"/> spouse/significant other <input type="checkbox"/> roommate <input type="checkbox"/> child (if yes, list age _____)		
Occupant (3) Full Name	First:	Last:	
Race/Gender	Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Gender: M or F
Relationship	<input type="checkbox"/> spouse/significant other <input type="checkbox"/> roommate <input type="checkbox"/> child (if yes, list age _____)		
Occupant (4) Full Name	First:	Last:	
Race/Gender	Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Gender: M or F
Relationship	<input type="checkbox"/> spouse/significant other <input type="checkbox"/> roommate <input type="checkbox"/> child (if yes, list age _____)		
Medical Information			
Medical conditions			
Emergency contact name			
Relationship			
Address			
Phone number(s)	Home:	Mobile:	Other:
Are you a first responder/medical professional? (EMT, firefighter, police officer, nurse, doctor, etc...) Y or N			
If yes, list occupation here:			
Vehicle Information			
Car 1: Year/Make/Model	Year:	Make:	Model: Color:
Tag/County/State/Owner	Tag #:	County:	State: Owner's Name:
Car 2: Year/Make/Model	Year:	Make:	Model: Color:
Tag Number & Owner	Tag #:	County:	State: Owner's Name:

Email to cindy@workingsolutionsinc.com, fax to 770-427-2824, or mail to Working Solutions, Inc., 2931 Lewis Street, Suite 400, Kennesaw, GA 30144.