

# Additional Pet Application – 3234 Valley Drive Resolution Worksheet

Date: April 27, 2022

## Suggested Motion:

“I move to approve an additional pet at 3234 Valley Drive”.

2<sup>nd</sup>:

**Summary:** New owners. There are no complaints on file for the first pet.

## Vote:

	In Favor	Opposed	Abstained	Absent
Scott Buchanan				
Dave Bush				
Peggy Clancy				
Claire Eberwein				
Peter Ferrell				
Marieke Johnson				
Matthew Larson				
Jeff Lisanick				
Amanda Mullan				

# PARKFAIRFAX CONDOMINIUM ASSOCIATION PET REGISTRATION

DOG (x) CAT ( ) BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE ( ) FEMALE (x) BREED \_\_\_\_\_ DECLAWED Y ☒ N

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

black

Pet Owners Name: Daniel and Tshana Jamara Home Phone: ~~781-724-8220 and 617-777-8168~~

(Closing on this property 4/25/22)

Address: 3234 Valley Dr, Alexandria, VA 22302 Work Phone: Same as home phone

Name Pet answers to: Georgie

**No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.**

Current City of Alexandria Registration Number: N/A- applied for Alexandria licenses on 04/06/22

Date and Registration of Rabies Inoculation: 09/07/21 (1 year vaccine); #s5270

By registration of my pet, I acknowledge and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets.

I also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: Daniel Jamara Date: 4/6/22

By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.

Unit Owner Signature: Daniel Jamara Date: 4/6/22

Address: \_\_\_\_\_ (H)

(W)

(C)

For Management Office Use Only:

Received:

General Manager Signature Date \_\_\_\_\_

**PARKFAIRFAX CONDOMINIUM ASSOCIATION  
PET REGISTRATION**

DOG (x) CAT ( ) BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE (x) FEMALE ( ) BREED \_\_\_\_\_ DECLAWED Y ☒ N

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

cream/white

Pet Owners Name: Daniel and Tshana Jamara Home Phone: ~~781-724-8320~~ and ~~617-774-8108~~

(Closing on this property 4/25/22)

Address: 3234 Valley Dr, Alexandria, VA 22302 Work Phone: Same as home phone

Name Pet answers to: Darcy

**No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.**

Current City of Alexandria Registration Number: N/A- applied for Alexandria licenses on 04/06/22

Date and Registration of Rabies Inoculation: 06/22/2020 (3 year vaccine); #20-0857

By registration of my pet, I acknowledge and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets.

I also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: [Signature] Date: 4/6/22

By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.

Unit Owner Signature: [Signature] Date: 4/6/22  
Address: \_\_\_\_\_ (H)  
\_\_\_\_\_ (W) \_\_\_\_\_ (C)

For Management Office Use Only:

Received:

General Manager Signature Date \_\_\_\_\_

**PARKFAIRFAX CONDOMINIUM ASSOCIATION  
ADDITIONAL PET APPLICATION**

Name: Daniel and Tshana Jamara Phone# : (781) ~~724-8000 and 617-774-8005~~

Work# : ( ) Same as home phone

Address: (Closing on this property 4/25/22) 3234 Valley Dr, Alexandria, VA 22302

Unit Owner Name and Address: \_\_\_\_\_  
(if different than above)

I seek approval for an additional pet in my home.

I presently have: 2 dogs (golden doodles)  
(Number and type of pets)

I wish to add: Seeking approval to move in with 2 dogs  
(Name and type of pet)

**Current City of Alexandria Registration # : (Cats/Dogs)** N/A- applied for Alexandria licenses on 04/06/22  
(copy of the city of Alexandria registration form must be attached)

**Date and registration of rabies inoculation: (Cats/Dogs)** Dog #1- 06/22/2020 (3 year vaccine); #20-0857  
Dog #2- 09/07/21 (1 year vaccine); #s5270

**No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.**

By my signature below, I affirm that I will abide by the decision of the Board of Directors. I further confirm that such additional pets will not be used for commercial breeding purposes and that they are properly registered at the Unit Owners Association. I acknowledge and will abide by the pet policies set forth in Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, related to the keeping of pets.

I also confirm that as of this date, my pet is current on all inoculations.

Tshana Jamara / Daniel Jamara  
Pet Owner Signature Date 4/6/22

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By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy as set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.

Tshana Jamara / Daniel Jamara 4/6/22  
Unit Owner Signature Date (See back page)



# Receipt

**Thank you for your payment! Please keep a copy of this receipt for your records. This receipt is not proof of current license.**

Your license application will be reviewed and entered. Once it is complete with all required paperwork, your license receipt will be mailed within 10 business days. A license tag will be included with all first-time licenses. A new tag will not be issued for a renewal license unless purchased at the time of renewal.

## Residence

## Billing Information

3234 VALLEY DR  
ALEXANDRIA, VA 22302-2108

133 Southworth St  
Brockton, MA 02301  
Paid with card ending in 9516

## Receipt Number & Date

ALX-H2Q4MDS 4/6/2022

## Order Detail

Pet Name	Requirements	License
Darcy Jamara	Proof of vaccination : OK Proof of sterilization : OK	\$10.00
Georgie Mamba Jamara	Proof of vaccination : OK Proof of sterilization : OK	\$10.00
Subtotal		\$20.00
Donation		\$1.00
Service Charge		\$2.00
Total		\$23.00