**Vehicle Registration Form**

**Please complete all of the information in the spaces provided.**

Name:

Unit Address:

Phone: (h) (w) (c)

Are you Active Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

# VEHICLE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR/MAKE OF VEHICLE** | **COLOR** | **LICENSE PLATE #** | **STATE** |
|  |  |  |  |
|  |  |  |  |

PARKING SPACE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

PLEASE RETURN COMPLETED FORM TO: Fairfield Gardens Condominium Association, Inc.

c/o The Select Group, Inc.

2224 Virginia Beach Blvd., Suite 201

Virginia Beach, Virginia 23454

fax: (757) 486-6988

email: acosby@theselectgroup.us