**DECAL REGISTRATION FORM**

Please complete all of the information in the spaces provided and return to The Select Group at their office or via mail, fax or email as provided at the bottom of this form to obtain your parking decal(s). Upon receipt of the completed form, your decal(s) will be issued.

Unit Address:

Resident Name:

Person Applying for Decal (if Owner, put "same"):

Applicant Is: 🞏 Owner 🞏 Renter Email Address:

Phone: (Home) (Work) (Cell)

**VEHICLE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year, Make, Model of Vehicle** | **Color** | **License Plate #** | **State** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **ABOVE VEHICLE(S) REPLACE THESE VEHICLES:** |
|  |
|  |

**\*\*\*Decal must be prominently displayed in the rear windshield of the vehicle\*\*\***

**Signature: Date:**

|  |
| --- |
| **For Office Use Only**  Assigned Parking Space #    Decal(s) Mailed / Picked up: Issued by: |