**Vehicle Registration Form**

Please complete all of the information in the spaces provided. Only one decal is issued per registered vehicle up to a maximum of two vehicles. **Decals may be mailed or picked up at The Select Group during normal business hours. DECAL & PASSES ARE NOT TRANSFERABLE BETWEEN RESIDENTS.**

Unit Address:

Person Applying for Decal:

Applicant Is: The Owner A Renter (Check One)

Phone: (h) (w) (c)

# **Vehicle Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR/MAKE/MODEL OF VEHICLE** | **COLOR** | **LICENSE PLATE #** | **STATE** | **DECAL#**  **Issued by Mgmt** | **DATE ISSUED** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Guest Passes Issued (If Applicable): \_\_\_

Driver’s License Number and State: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

FOR OFFICE USE ONLY: IF THIS IS A NEW RESIDENT, CHECK PREVIOUS OWNERS ACCOUNT TO SEE IF PARKING IS REVOKED. IF PREVIOUSLY REVOKED, PARKING REINSTATED BY: