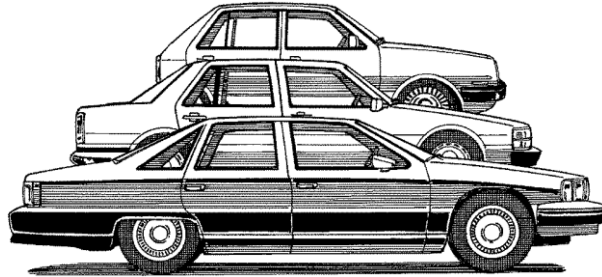


Vehicle Registration Form



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing this Form: _____

Applicant is (Check One): The Owner A Renter

Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

VEHICLE INFORMATION

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

SIGNATURE

DATE

Return completed form to the address or fax number provided below, or by email to the management team listed on our website.

**c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988
Or visit us at www.theselectgroup.us**