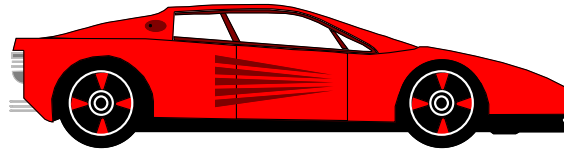


**Vehicle Registration Form**



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

Owner Name(s): \_\_\_\_\_

Tenant (If Applicable): \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_



**Vehicle Information**

YEAR/MAKE/ MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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