



VEHICLE INFORMATION FORM

Name(s): _____

Unit Address: _____

E-mail Address: _____

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

VEHICLE INFORMATION

VEHICLE	YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE
1						
2						

Acknowledgement: All vehicles must be registered on a separate form. Once completed, the form along with the vehicle registration must be brought to the management office in order to receive decals. Replacement decals will be issued at a cost of \$25.00 per decal being replaced.

By submitting this form, and applying for these parking decals, I acknowledge that I have read and will follow the parking regulation of Long Creek Cove. I also understand that failure to abide by these regulations will likely result in the ticketing/towing of my vehicle/vehicles. **I acknowledge that it is my responsibility to notify the management company if my vehicle information changes at anytime.**

DECALS ARE TO BE PLACED ON THE TOP LEFT BACK WINDSHIELD OF THE VEHICLE

Signature: _____
(Owner)

Date: _____

For Office Use Only:

Decal #'s: _____ Guest pass #'s: _____
Date Issued: _____ Issued By: _____

Duplicate Decal #'s: _____ Duplicate guest pass #'s _____
Date Issued: _____ Issued By: _____

Amount Paid: \$ _____ Check Number or Money Order Number: _____