



CONDOMINIUM ASSOCIATION, INC.

**VEHICLE REGISTRATION FORM**

Please complete all of the information in the spaces provided. TOWING IS STRICTLY ENFORCED. DECAL & PASSES ARE NOT TRANSFERABLE BETWEEN RESIDENTS.

**Please return completed form to:** The Select Group, via mail, fax, or email as provided on the bottom of this form.

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

Person Applying for Decal: \_\_\_\_\_

Applicant Is (Check One): \_\_\_\_\_ Owner \_\_\_\_\_ Renter

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

**Vehicle Information**

\*PARKING OF MOTORCYCLES, MOPEDS, MOTOR SCOOTERS, OR MOTORIZED BICYCLES, INCLUDING THOSE OWNED BY GUESTS OF RESIDENTS IS PROHIBITED\*

	YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE
First Vehicle				
Second Vehicle				

**\*Decals must be placed on the driver's side at the of the rear window of the vehicle. \***

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Office Use Only (MUST UPDATE DECAL & PASS LOG)**

Assigned Parking Space # _____	
First Vehicle:	Decal # _____
Second Vehicle:	Decal # _____
Issued By: _____	Date Mailed: _____