**VEHICLE REGISTRATION FORM**

Please complete all of the information in the spaces provided and return to The Select Group via mail, fax or email as provided at the bottom of this form.

Unit Address:

Resident Name:

Applicant Is: 🞏 Owner 🞏 Renter Email Address:

Phone: (Home) (Work) (Cell)

**VEHICLE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year, Make, Model of Vehicle** | **Color** | **License Plate #** | **State** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signature: Date:**