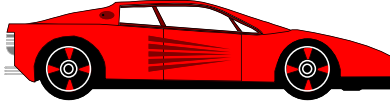


BAYVIEW SHORES CONDOMINIUM ASSOCIATION

Vehicle Registration Form



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing This Form: _____

Applicant is: _____ Owner _____ Renter (Check One)

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

Vehicle Information

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

Please return this completed form to the Association via mail, fax, or email as provided on this form.