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 <u>Renter</u>	(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.

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 (757) 486-6000 fax: (757) 486-6988 email: <u>select@theselectgroup.us</u> website: <u>www.theselectgroup.us</u>