



DECAL REGISTRATION FORM

Please complete all of the information in the spaces provided and return to The Select Group at their office or via mail, fax or email as provided at the bottom of this form to obtain your parking decal(s). Upon receipt of the completed form, your decal(s) will be issued.

Unit Address: _____

Resident Name: _____

Person Applying for Decal (if Owner, put "same"); _____

Applicant Is: Owner Renter Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

VEHICLE INFORMATION

Year, Make, Model of Vehicle	Color	License Plate #	State

ABOVE VEHICLE(S) REPLACE THESE VEHICLES:

*****Decal must be prominently displayed in the rear windshield of the vehicle*****

Signature: _____ Date: _____

Return completed form to the address or fax number provided below, or by email to the management team listed on our website.

For Office Use Only

Assigned Parking Space # _____

Decal(s) Mailed / Picked up: _____ Issued by: _____