



## **2017 VEHICLE REGISTRATION FORM**



Please complete all of the information in the spaces provided.

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

Person completing this form: \_\_\_\_\_

Applicant is the (check one): \_\_\_\_\_ Owner \_\_\_\_\_ Renter

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### **VEHICLE INFORMATION**

<b>YEAR/MAKE/MODEL</b>	<b>COLOR</b>	<b>LICENSE PLATE #</b>	<b>STATE</b>

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Return completed form to The Select Group via the address or fax number provided below or email to the management team on our website.**