



Lynnhaven Shores Condominium Association

VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

OWNER: _____

TENANT (IF APPLICABLE): _____

UNIT ADDRESS: _____

(H) _____ (W) _____ (CELL) _____

EMAIL: _____

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VEHICLE INFORMATION

YEAR/MAKE MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

Decal Number # _____ Guest Pass Numbers# _____

Signature

Date