

# SHADOWLAWN VILLAS II



## VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: \_\_\_\_\_ Assigned Parking Space Number: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Person Applying for Pass (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	Pass #

ABOVE VEHICLE(S) REPLACE THIS/THESE VEHICLE(S):

**\*\*\*Parking/Guest Passes must be hung from rearview mirror number side out\*\*\***

**NOTE:** There will be a \$50 charge for replacement of parking or guest pass. A broken pass may be returned to management and a replacement purchased for \$3.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to the office of The Select Group, mail or fax as provided below, or email to the management team listed on our website.**

**For Office Use Only**

Check/Money Order #: Replacement Pass \_\_\_\_\_ Broken pass \_\_\_\_\_

Pass(es) Mailed / Picked up: \_\_\_\_\_ Issued by: \_\_\_\_\_