



## **Vehicle Registration Form**

Please complete all of the information in the spaces provided.

Unit Address:			
Person Completing This Form:			
Applicant Is: The Owner	A Re	enter (Check One)	
Phone: (h)	(w)	(c)	
**DECAL MUST BE PLACED IN THE REAR WINDSHIELD OF THE VEHICLE SO IT IS CLEARLY VISIBLE BY THE TOWING CONTRACTOR. GUEST PASS MUST BE HUNG FROM REAR VIEW MIRROR ONLY!**  VEHICLE INFORMATION			
YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE
SIGNATURE		DATE	
**THIS PORTION TO BE COMP	LETED BY THE	ASSOCIATION MANA	GEMENT OFFICE**
DECAL NUMBER:			
GUEST PASS NUMBER:			
ISSUED BY: DATE MAILED/PICKED UP:			