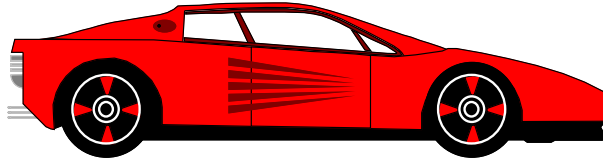


BEACH BAY CONDOMINIUM ASSOCIATION

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing This Form: _____

Applicant Is: _____ The Owner _____ A Renter (Check One)

Phone: (h) _____ (w) _____ (c) _____

Vehicle Information

YEAR/MAKE /MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

Please return completed form to The Select Group at the address or fax number provided below or email to mromero@theselectgroup.us