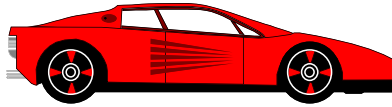




VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing This Form: _____

Applicant is (Check One): Owner _____ Renter _____

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

Vehicle Information

YEAR/MAKE/MODEL	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

**Return completed form to the address or fax number below
or email to: acosby@theselectgroup.us**