



VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person completing this form: _____

Applicant is the (check one): _____ Owner _____ Renter

Telephone: (h) _____ (w) _____ (c) _____

VEHICLE INFORMATION

YEAR/MAKE/MODEL	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

**FOR OFFICE USE ONLY
(GARAGE REMOTE INFORMATION)**

Issued By:

Date

**Return completed form to The Select Group at the address or fax number provided below
or email to abell@theselectgroup.us**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: rjopp@theselectgroup.us website: www.theselectgroup.us