



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