



Condominium Association, Inc.



VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

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

Are you Active Military? _____ Yes _____ No



VEHICLE INFORMATION

YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE

PARKING SPACE NUMBER: _____

Signature

Date

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