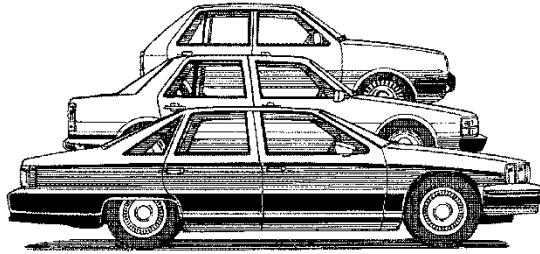




Condominium Association, Inc.

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 jstrickland@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: bgarrett@theselectgroup.us website: www.theselectgroup.us