

Gunn Hall Condominium Association



VEHICLE INFORMATION FORM

Please complete all of the information in the spaces provided.

Name : _____

Unit Address: _____

APPLICANT IS: _____ THE OWNER _____ RENTER (PLEASE CHECK ONE)

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

.....

Vehicle Information

Year/Make/Model	Color	License Plate #

Driver's License Number and State: _____

SIGNATURE

DATE

***Information obtained is for Association business and emergencies only
and is held in strictest confidence.**

**Please return completed form to the address or fax number provided below or
email to abell@theselectgroup.us**