



## VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided and return to The Select Group via mail or fax as provided at the bottom of this form or email to the management team listed on our website.

Unit Address: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Applicant Is: ☐ Owner ☐ Renter      Email Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## VEHICLE INFORMATION

Year, Make, Model of Vehicle	Color	License Plate #	State

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to The Select Group at the address or fax number provided below  
or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**