



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 ltucker@theselectgroup.us