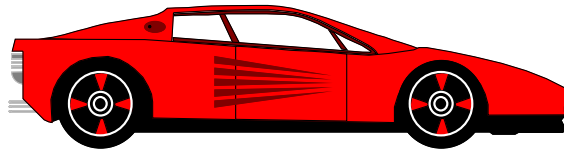




HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Owner: _____

Tenant (If Applicable): _____

Unit Address: _____

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

Email: _____

.....

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 jstrickland@theselectgroup.us**