



## HARBOR WATCH CONDOMINIUM ASSOCIATION, INC

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### VEHICLE REGISTRATION FORM

PLEASE COMPLETE ALL OF THE INFORMATION IN THE SPACES PROVIDED.

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

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

Applicant is: Owner \_\_\_\_\_ Renter \_\_\_\_\_ Email Address \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### VEHICLE INFORMATION

Vehicle	Year, Make, Model of Vehicle	Color	License Plate #	State
#1				
#2				
#3				

ABOVE VEHICLE(S) REPLACE THE FOLLOWING VEHICLE(S) (if applicable)


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to the address or fax number provided below or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)