



**VEHICLE INFORMATION FORM**

Name(s): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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

**VEHICLE INFORMATION**

<b>VEHICLE</b>	<b>YEAR / MAKE / MODEL</b>	<b>COLOR</b>	<b>LICENSE PLATE #</b>	<b>STATE</b>
1				
2				

**Acknowledgement:** All vehicles must be registered on a separate form. Once completed, the form along with the vehicle registration must be brought to the management office in order to receive decals. Replacement decals will be issued at a cost of \$25.00 per decal being replaced.

By submitting this form, and applying for these parking decals, I acknowledge that I have read and will follow the parking regulation of Long Creek Cove. I also understand that failure to abide by these regulations will likely result in the ticketing/towing of my vehicle/vehicles. **I acknowledge that it is my responsibility to notify the management company if my vehicle information changes at anytime.**

**DECALS ARE TO BE PLACED ON THE TOP LEFT BACK WINDSHIELD OF THE VEHICLE**

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

**FOR OFFICE USE ONLY:**

Decal #'s: \_\_\_\_\_ Guest pass #'s: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_  
 Duplicate Decal #'s: \_\_\_\_\_ Duplicate guest pass #'s: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_  
 Amount Paid: \$ \_\_\_\_\_ Check Number or Money Order Number: \_\_\_\_\_

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

c/o The Select Group, Inc. 2224 Virginia Beach Blvd. Suite 201 Virginia Beach, VA 23454  
 (757) 486-6000 fax: (757) 486-6988 email: [tgasser@theselectgroup.us](mailto:tgasser@theselectgroup.us) website: [www.theselectgroup.us](http://www.theselectgroup.us)