



VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided and return to The Select Group at their office or via mail, fax or email as provided at the bottom of this form to obtain your parking decal(s). Upon receipt of the completed form, your decal(s) will be issued.

Unit Address: _____ Name: _____

Applicant is: Owner ___ Renter ___ Email Address _____

Phone: (Home) _____ (Work) _____ (Cell) _____

VEHICLE INFORMATION

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

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

Signature

Date

Please return completed form to The Select Group at the address or fax number below or email to srobinson@theselectgroup.us