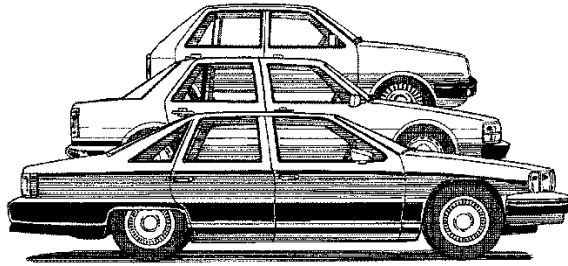




# LIGHTHOUSE POINT

## VEHICLE REGISTRATION FORM



**Please complete all of the information in the spaces provided.**

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

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

Person Completing This Form: \_\_\_\_\_

Applicant Is: \_\_\_\_\_ The Owner \_\_\_\_\_ A Renter (Check One)

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

### 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 below  
or email to [jstrickland@theselectgroup.us](mailto:jstrickland@theselectgroup.us)**