

## **VEHICLE REGISTRATION FORM**

Please complete all of the inform ENFORCED DECAL & PASSES	nation in the	e spaces provid	ded. <u>TOV</u> ABLE BE	VING IS ST	CRICTLY SIDENTS
Unit Address:					
Person Applying for Decal:					
Applicant is (Check One):	_The Owne	erA Rent	ter		
Phone: (H)	_ (W) (C)				
Email:					
*PARKING OF MOTORCYCI BICYCLES, INCLUDING THOSI					
YEAR/MAKE/ MODEL OF VEHICLE	COLOR	LICENSE PLATE#	STATE	DECAL #	GUEST PASS #
Ensure decal is placed on the veh passenger side of the rear windov view mirror with the numbered s	v of the veh	icle. Guest pa	sses must	be hung fron	n the rear
SIGNATURE	DATE				
Please return completed form to below or em					provided
For Office Use Onl	y (MUST U	PDATE DECA	AL & PAS	S LOG)	
ued by: Date Mailed/ Picked up:					