

# Lynnhaven Landing Owners' Association, Inc.



## 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: \_\_\_\_\_

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

Name of Person Applying for Decal (if Owner, put "same"): \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### VEHICLE INFORMATION

Vehicle	Year, Make, Model of Vehicle	Color	License Plate State / Number
1			
2			

**\*\*\*Decal must be prominently displayed on the rearview mirror in the vehicle\*\*\***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For Office Use Only

Parking Decal Issued: Vehicle #1 \_\_\_\_\_ Vehicle #2 \_\_\_\_\_

Decal(s) Mailed / Picked up: \_\_\_\_\_ Issued by: \_\_\_\_\_

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