

North Lynnhaven Condominium Association, Inc.



Vehicle Registration Form

Please complete all of the information in the spaces provided.

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 address or fax number below or
email to jstrickland@theselectgroup.us**