

Page Shores Condominium Association, Inc.

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

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VEHICLE INFORMATION

YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

Driver's License Number and State: _____

SIGNATURE

DATE

**Return completed form to the address or fax number below or email to
mromero@theselectgroup.us**