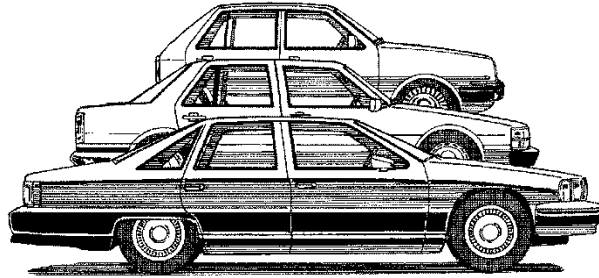




VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing this Form: _____

Applicant is (Check One): ☐ The Owner ☐ A Board Approved Tenant

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

Email Address: _____

VEHICLE INFORMATION

YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

Return completed form to The Select Group at the address or fax number provided below or email to acosby@theselectgroup.us