



**THE ROTUNDA BUILDING
CONDOMINIUM ASSOCIATION, INC.**

VEHICLE REGISTRATION FORM

UNIT ADDRESS: _____

NAME: _____

APPLICANT IS: (CHECK ONE) ___ THE OWNER ___ A RENTER

PHONE: (H) _____ (W) _____ (C) _____

VEHICLE INFORMATION

YEAR / MAKE / MODEL	COLOR	LICENSE PLATE #	STATE

Parking Space Number(s): _____

Driver's License Number and State: _____

Signature

Date

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