



RIVER SHORE CONDOMINIUMS

VEHICLE INFORMATION & PARKING ASSIGNMENT FORM



Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

Applicant is the (check one): Owner _____ Renter _____ Email: _____

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

VEHICLE INFORMATION

| Year/Make/Model of Vehicle | Color | License Plate # | State | Decal # | Parking Space Number |
|----------------------------|-------|-----------------|-------|---------|----------------------|
| | | | | | |
| | | | | | |

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