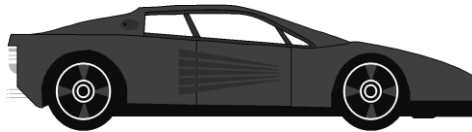




## VEHICLE REGISTRATION FORM



(Please complete all of the information in the spaces provided.)

Unit Address: \_\_\_\_\_

Person Applying for Decal: \_\_\_\_\_

Applicant Is (Check One): \_\_\_\_\_ The Owner \_\_\_\_\_ A Renter

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

### VEHICLE INFORMATION

Year / Make / Model	Color	License Plate #	State

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return completed form to The Select Group at the address or fax number below  
or email it to [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)

### For Office Use Only

Decal Issued:

Guest Pass Issued:

Vehicle #1 \_\_\_\_\_ Vehicle #2 \_\_\_\_\_

Vehicle #1 \_\_\_\_\_ Vehicle #2 \_\_\_\_\_

By: \_\_\_\_\_

Date Mailed / Picked Up: \_\_\_\_\_