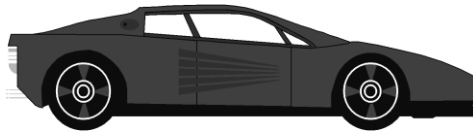




VEHICLE REGISTRATION FORM



(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 bbrown@theselectgroup.us

For Office Use Only

Decal Issued:

Guest Pass Issued:

Vehicle #1 _____ Vehicle #2 _____

Vehicle #1 _____ Vehicle #2 _____

By: _____

Date Mailed / Picked Up: _____