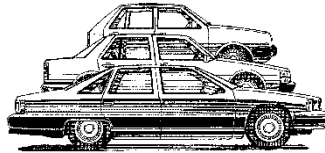




# CONDOMINIUM ASSOCIATION

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## VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided and return the completed form to The Select Group at the address, fax number or email address provided at the bottom of this form.

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

Resident Name: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### VEHICLE INFORMATION

Year	Make/Model of Vehicle	Color	License Plate #	State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return completed form to The Select Group at the address or fax number below  
or email to [abell@theselectgroup.us](mailto:abell@theselectgroup.us)**