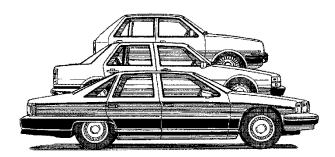


VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address:______
Person Completing this Form:______A Renter
Applicant is (Check One): ____ The Owner _____ A Renter
Phone: (h) ______(w) _____(c) _____

Email Address:

VEHICLE INFORMATION

| YEAR/MAKE OF VEHICLE | COLOR | LICENSE PLATE # | STATE |
|----------------------|-------|-----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE

DATE

Return completed form to The Select Group at the address or fax number provided above or by email to jstrickland@theselectgroup.us

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 (757) 486-6000 Fax: (757) 486-6988 Email: <u>kkatz@theselectgroup.us</u> website: <u>www.theselectgroup.us</u>