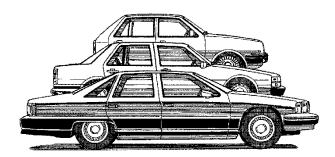


## **VEHICLE REGISTRATION FORM**



## 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>