

Condominium Association, Inc.

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Name:		
Unit Address:		
Applicant Is: Owner	Renter (CHECK ONE)	
Phone: (h)	_ (w)	(c)
Email:		

Vehicle Information

YEAR / MAKE / MODEL	COLOR	LICENSE PLATE #	STATE

Signature

Date

Please return completed form to: Sawgrass Condominium Association to the address or fax number below or via email to malcala@theselectgroup.us

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