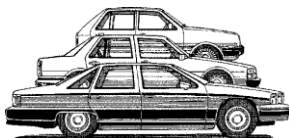




Condominium Association, Inc.

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