

SHADOWLAWN VILLAS II



VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____ Assigned Parking Space Number: _____

Resident Name: _____

Person Applying for Pass (if Owner, put "same"): _____

Applicant Is: ☐ Owner ☐ Renter Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

VEHICLE INFORMATION

Year, Make, Model of Vehicle	Color	License Plate #	State	Pass #

ABOVE VEHICLE(S) REPLACE THIS/THESE VEHICLE(S):

*****Parking/Guest Passes must be hung from rearview mirror number side out*****

NOTE: There will be a \$50 charge for replacement of parking or guest pass. A broken pass may be returned to management and a replacement purchased for \$3.

Signature: _____ Date: _____

**Return completed form to the address and fax number below or
email to asmith@theselectgroup.us**

For Office Use Only

Check/Money Order #: Replacement Pass _____ Broken pass _____

Pass(es) Mailed / Picked up: _____ Issued by: _____