



c/o The Select Group, Inc.
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(757) 486-6000 fax: (757) 486-6988
website: www.theselectgroup.us

VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____



VEHICLE INFORMATION

YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE

PARKING SPACE NUMBER: _____

Signature

Date

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