



c/o The Select Group, Inc.
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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 address or fax number provided above
or email to kmurrow@theselectgroup.us