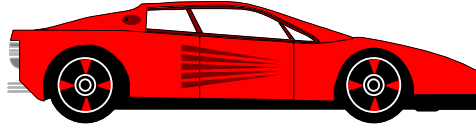




VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Owner: _____

Tenant (If Applicable): _____

Unit Address: _____

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

Email: _____



VEHICLE INFORMATION

YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

Parking Space # _____

Signature

Date

**Return completed form to The Select Group at the address or fax number below
or email to ltucker@theselectgroup.us**