CONDOMINIUM ASSOCIATION

VEHICLE INFORMATION FORM

Please complete all of the information in the spaces below, where applicable, so we may accurately update our files. Return the completed form to Maggie Alcala: malcala@theselectgroup.us

Name of Person Filling out Form: _____

Check One: Owner ☐ Renter ☐

Property Address: _____

Vehicle #1:

Year	
Make	
Model	
Color	
License Plate # & State	

Vehicle #2:

Year	
Make	
Model	
Color	
License Plate # & State	

Vehicle #3:

Year	
Make	
Model	
Color	
License Plate # & State	

Signature: _____ Date: _____