

VEHICLE REGISTRATION FORM

This form is to be used to register vehicles that are regularly parked at Thalia Station Condominium Association. Please fill out this form completely in order to receive parking passes and entrance gate transponders then contact The Select Group to arrange to pick up. CANNOT BE MAILED.

| Condominium Ad | dress | | | | _ |
|----------------------|------------------|------------------------|-----------------|--|---|
| Assigned Parking | Space number | r | | | |
| Name of condomi | nium owner | | | | _ |
| | | Vehicle infor | mation | | |
| Year | ear Make | | Model | | |
| Vehicle Color | | License Plate Nur | nber | State | _ |
| (deca | l must be pro | ominently displayed | d on rear win | ndshield of vehicle) | |
| Vehicle Owners N | Vame | | | | _ |
| A | ddress | | | | _ |
| | | | | | |
| Te | elephone Num | ber | | | _ |
| | | | | shields that do not accommodate ere may be a section regarding the | |
| () I have read the v | vehicles owner' | s manual and I require | e the following | type of transponder: | |
| | | (CIRCLE TYPE R | EQUESTED) | | |
| Removable windshi | ield transponder | r#Rear | view mirror tr | ansponder # | |
| Permanent transpon | der # | | | | |
| Print Name: | | | _ Date: | | _ |
| Signed: | | | | | |

Please return completed form to The Select Group at the address or fax number provided below or email to acosby@theselectgroup.us