

*The Residences at Patrick Henry Place*  
*Condominium Association, Inc.*

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**VEHICLE REGISTRATION FORM**



Please complete all of the information in the spaces provided.

Unit Address: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Applicant is the (check one): \_\_\_\_\_ Owner \_\_\_\_\_ Renter

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**VEHICLE INFORMATION**

<b>YEAR/MAKE/MODEL</b>	<b>COLOR</b>	<b>LICENSE PLATE #</b>	<b>STATE</b>

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Return completed form to The Select Group at the address or fax number below  
or email to [jstrickland@theselectgroup.us](mailto:jstrickland@theselectgroup.us).**