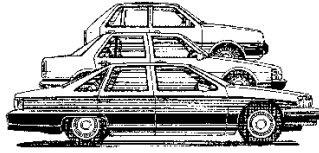




**Condominium Association, Inc.**



**VEHICLE REGISTRATION FORM**

Please complete all of the information in the spaces provided.

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

Person Completing This Form: \_\_\_\_\_

Applicant Is: \_\_\_\_\_ The Owner \_\_\_\_\_ A Renter (Check One)

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

**VEHICLE INFORMATION**

<b>YEAR/MAKE OF VEHICLE</b>	<b>COLOR</b>	<b>LICENSE PLATE #</b>	<b>STATE</b>

**\*\*DECAL MUST BE PLACED IN THE REAR WINDSHIELD OF THE VEHICLE SO IT IS CLEARLY VISIBLE BY THE TOWING CONTRACTOR. \*\***  
**\*\*GUEST PASS MUST BE HUNG FROM REAR VIEW MIRROR ONLY!\*\***

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

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

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

**\*THIS PORTION TO BE COMPLETED BY THE ASSOCIATION MANAGEMENT OFFICE\***

DECAL NUMBER: \_\_\_\_\_

GUEST PASS NUMBER: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE MAILED/PICKED UP: \_\_\_\_\_