



VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

Unit Address:			
Person Completing This Form: _			
Applicant Is: The Owne	er A R	enter (Check One)	
Phone: (h)	(w)	(c)	
	VEHICLE INF	ORMATION	
YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE
		E TOWING CONTRACT OM REAR VIEW MIRRO OTHER	
emai	l to <u>jstrickland@</u>	p at the address or fax num theselectgroup.us	
*THIS PORTION TO BE COM		E ASSOCIATION MANAC	
DECAL NUMBER:		<u> </u>	 -
GUEST PASS NUMBER:		<u> </u>	
ISSUED BY:		DATE MAILED/PICKI	ED UP:

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988 website: www.theselectgroup.us