



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)	
<u>VEH</u>	IICLE INFORMA	<u>TION</u>	
YEAR / MAKE / MODEL	COLOR	LICENSE PLATE #	STATE
SIGNATURE		DATE	

Return completed form to The Select Group at the address or fax number above or email to malcala@theselectgroup.us