



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 (check one): _____ Owner _____ Renter

Telephone: (h) _____ (w) _____ (c) _____

VEHICLE INFORMATION

YEAR/MAKE/MODEL	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

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