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# COASTAL VILLAS

## BY THE BAY

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### VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

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

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

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

#### VEHICLE INFORMATION

| Year/Make/Model of Vehicle | Color | License Plate # | State |
|----------------------------|-------|-----------------|-------|
|                            |       |                 |       |
|                            |       |                 |       |

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed form to the address or fax number below or  
email to: [asmith@theselectgroup.us](mailto:asmith@theselectgroup.us)**