



VEHICLE REGISTRATION FORM

Decals/Guest Passes **WILL NOT** be mailed. Decals/Guest Passes may be picked up at The Select Group at the address above during normal business hours. Decals/Guest Passes **ARE NOT** transferable between residents.

Please complete all of the information in the spaces provided. Only one (1) decal is issued per registered vehicle up to a maximum of two (2) vehicles per unit.

Unit Address: _____

Person Applying for Decal: _____

Applicant is the (check one): Owner _____ Renter _____ Email: _____

Phone: (h) _____ (w) _____ (c) _____

VEHICLE INFORMATION

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

Place Decal **inside the rear windshield** so that it is **clearly visible** by anyone viewing the vehicle from the rear. Hang Guest Passes from the rear view mirror **with the number facing outward**.

Signed: _____ Date: _____

Please return completed form to The Select Group at the address or fax number provided below or email to cdoneff@theselectgroup.us

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| <p>FOR OFFICE USE ONLY:</p> <p>Parking Space Number: _____ Parking Sticker Number: _____ / _____</p> <p>Guest Pass #'s: _____</p> |
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