



## VEHICLE INFORMATION FORM

Please complete all of the information in the spaces provided.  
**VEHICLES WITHOUT DECALS ARE SUBJECT TO IMMEDIATE TOWING  
AT VEHICLE OWNER EXPENSE**

UNIT ADDRESS: \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_

APPLICANT IS: ☐ THE OWNER ☐ THE RENTER

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

### VEHICLE INFORMATION

Year	Make & Model	Color	License Plate #	State	Assigned/Leased Numbered Space

Signature: \_\_\_\_\_

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

**Please return completed form to The Select Group at the address or fax number provided below  
or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**

#### For Office Use Only

Assigned Parking Decal Number(s): \_\_\_\_\_

Decal(s) Mailed / Picked up: \_\_\_\_\_ Issued by: \_\_\_\_\_