



**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 [mchu@theselectgroup.us](mailto:mchu@theselectgroup.us)**

<p><b><u>For Office Use Only</u></b></p> <p>Assigned Parking Decal Number(s): _____</p> <p>Decal(s) Mailed / Picked up: _____ Issued by: _____</p>
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