



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**

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