



CONDOMINIUM ASSOCIATION, INC.

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

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

Are you Active Military? ____ Yes ____ No



VEHICLE INFORMATION

YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE

PARKING SPACE NUMBER: _____

Signature

Date

Return completed form to The Select Group via the address or fax number below
or email to reaster@theselectgroup.us