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?	_YesNo		

.....

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 <u>reaster@theselectgroup.us</u>

c/o The Select Group, Inc. 2224 Virginia Beach Blvd., Suite 201, Virginia Beach VA 23454 (757) 486-6000 fax: (757) 486-6988 email: rjopp@theselectgroup.us website: www.theselectgroup.us