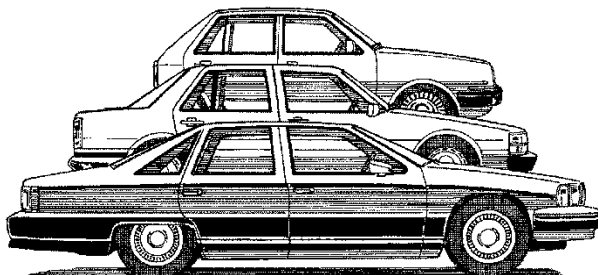




VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing this Form: _____

Applicant is (Check One): ____ The Owner ____ A Renter

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

Email Address: _____

VEHICLE INFORMATION

YEAR / MAKE / MODEL	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

Please return completed form to The Select Group at the address or fax number provided below or email to ltucker@theselectgroup.us