



Clover Meadows Condominium Homeowners' Association, Inc.



VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided. Only one decal is issued per registered vehicle up to a maximum of two vehicles. **TOWING IS STRICTLY ENFORCED. PASSES ARE NOT TRANSFERABLE BETWEEN RESIDENTS AND PASSES MUST BE RETURNED TO OUR OFFICE WHEN YOU VACATE THE UNIT.**

Name: _____

Unit Address: _____

Applicant is: Owner _____ Renter _____ Email Address _____

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

PARKING PASSES MUST BE HUNG FROM THE REAR VIEW MIRROR WITH THE NUMBER FACING OUTWARD. WE ARE NOT RESPONSIBLE FOR VEHICLES THAT ARE BACKED INTO THE PARKING SPACE OR PASSES THAT ARE LYING ON THE DASHBOARD

VEHICLE INFORMATION

Year, Make, Model of Vehicle	Color	License Plate #	State	Decal # Mgmt Area	Date Issued Mgmt Area

ABOVE VEHICLE(S) REPLACE THE FOLLOWING VEHICLE(S) (complete if applicable).

Vehicle #1
Vehicle #2

Signature

Date

**Return completed form to the address or fax number provided below, or by email to:
lcalvin@theselectgroup.us**