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VEHICLE INFORMATION FORM

Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

Applicant is the (check one): Owner _____ Renter _____ Email: _____

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

VEHICLE INFORMATION

Year/Make/Model of Vehicle	Color	License Plate #	State	Decal #	Parking Space Number

Return completed form to the address or fax number above or email to:
cdoneff@theselectgroup.us