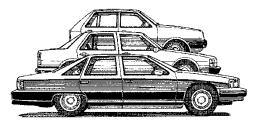


## A Condominium Association, Inc.

## **VEHICLE REGISTRATION FORM**



Please complete all of the information in the spaces provided.

Unit Address:			
Person Completing T	his Form:		
Applicant Is:	_ The Owner	_ A Renter	(Check One)

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

## **VEHICLE INFORMATION**

YEAR/MAKE OF VEHICLE	COLOR	LICENSE PLATE #	STATE

SIGNATURE

DATE

Please return completed form to The Select Group via 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, Virginia 23454 (757) 486-6000 • Fax: (757) 486-6988 • Email: <u>srobinson@theslectgroup.us</u> • <u>www.theselectgroup.us</u>