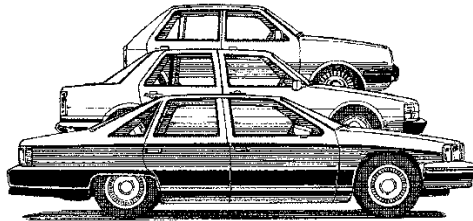




A Condominium Association, Inc.

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: _____

Person Completing This Form: _____

Applicant Is: _____ The Owner _____ A Renter (Check One)

Phone: (h) _____ (w) _____ (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 mchu@theselectgroup.us**