



Red Mill Village Condominium Association

VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

Name: _____

Unit Address: _____

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

Are you Active Military? _____ Yes _____ No



VEHICLE INFORMATION

YEAR/MAKE/MODEL OF VEHICLE	COLOR	LICENSE PLATE STATE & #	DECAL #	DATE ISSUED

Assigned Parking Space _____

Signature

Date

Return completed form to The Select Group at the address or fax number below
or email to reaster@theselectgroup.us