



Water Oaks Condominium Association, Inc.

VEHICLE REGISTRATION FORM

Unit Address: _____

Resident Name: _____

Person Applying for Decal (if Owner, put "same"): _____

Applicant Is: ☐ Owner ☐ Renter Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

VEHICLE INFORMATION

Year, Make, Model of Vehicle	Color	License Plate #	State

ABOVE VEHICLE(S) REPLACE THESE VEHICLES:

Signature: _____ Date: _____

Please return this completed form to the Association via mail or fax as provided below
or email to: mromero@theselectgroup.us