



VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Owner Name(s): _____

Tenants Name(s): _____

Unit Address: _____

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

Email: _____

VEHICLE INFORMATION

YEAR/MAKE MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

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