

VEHICLE REGISTRATION FORM

Please complete all of the information in the spaces provided.

Name:				
Unit Address:				
Phone: (h)	(w)		(c)	
Are you Active N	filitary? Yes _	No		
		•••••	•••••	•••••
PLEASE NOTE:			MUNITY MUST DISPLA TATE INSPECTION STICI	
	LICEIVOE I EXTENTIVO	TO THE CONTROL OF THE	THIE HAS LETION STIE	ALDI.
VEHICLE INFORMATION				
YEAR/MA	KE OF VEHICLE	COLOR	LICENSE PLATE #	STATE
PARKING SPAC	CE NUMBER:			
Signature			Date	

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