

# Gunn Hall Condominium Association



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## VEHICLE INFORMATION FORM

Please complete all of the information in the spaces provided.

Name : \_\_\_\_\_

Unit Address: \_\_\_\_\_

APPLICANT IS: \_\_\_\_\_ THE OWNER \_\_\_\_\_ RENTER (PLEASE CHECK ONE)

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

.....

### Vehicle Information

Year/Make/Model	Color	License Plate #

Driver's License Number and State: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*Information obtained is for Association business and emergencies only  
and is held in strictest confidence.**

**Please return completed form to the address or fax number provided below or  
email to [adeweese@theselectgroup.us](mailto:adeweese@theselectgroup.us)**