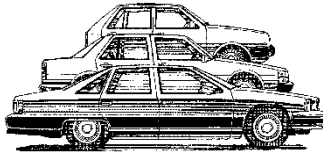




CONDOMINIUM ASSOCIATION

VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided and return the completed form to The Select Group at the address, fax number or email address provided at the bottom of this form.

Unit Address: _____

Resident Name: _____

Email Address: _____

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

VEHICLE INFORMATION

Year	Make/Model of Vehicle	Color	License Plate #	State

Signature

Date

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