



VEHICLE REGISTRATION FORM

Print Name: _____ Date: _____

Phone: _____ Email: _____

Building # _____ Unit # _____ 1 or 2 Bedroom _____ Parking Space # _____

Make, Model and Color of Vehicle _____ License Plate # _____

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Permanent Decal

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Temporary Permit - Expires _____

Make, Model and Color of Vehicle _____ License Plate # _____

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Permanent Decal

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Temporary Permit - Expires _____

Make, Model and Color of Vehicle _____ License Plate # _____

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Permanent Decal

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Temporary Permit - Expires _____

Make, Model and Color of Vehicle _____ License Plate # _____

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Permanent Decal

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Temporary Permit - Expires _____

Signature: _____