VEHICLE REGISTRATION FORM

BLDG: _____   UNIT: _____   ☐ Owner ☐Tenant (Check One)

1. NAME _____

CELL #_____Email_____

2. NAME _____

CELL # _____ Email _____

3. NAME _____

CELL # _____Email_____

4. NAME _____

CELL #_____ Email_____

PLEASE LIST ALL HOUSEHOLD MEMBER VEHICLES

	VEHICLE 1		**VEHICLE 2**		**VEHICLE 3**		**VEHICLE 4**	
MAKE:								
MODEL:								
COLOR:								
YEAR:								
LICENCE PLATE #								
CHECK IF MOTORCYCLE	☐		☐		☐		☐	
ALARM: (Check one)	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No	☐Yes	☐No
DECAL #								

ATTACH THE FOLLOWING DOCUMENTS:
• Copy of the vehicle registration
• Copy of the vehicle insurance
• Copy of Driver's license of each person registering vehicles