



Vehicle Registration Form

Name: _____ Phone: _____

Address: _____

Vehicle Information

Make: _____ Model: _____

Year: _____ Color: _____ License Plate: _____

Vehicle Owner Name: _____ Vehicle Driver Name: _____

Proof of vehicle registration must be submitted with this form.

Resident Signature: _____ Date: _____

Office Use Only

Date Received: _____ Vehicle Registration Received: yes no

Occupancy Signature: _____ Date: _____