VEHICLE INFORMATION FORM

NAME: _____

LAST NAME *FIRST NAME*

UNIT# _____ **# OF PARKING STICKERS NEEDED** _____

ALL OWNERS ARE REQUIRED TO COMPLETE AND REMIT VEHICLE INFO IN FULL

PARKING STICKERS WILL BE IN YOUR SEASONAL RENEWAL PACKAGE IF REQUESTED

VEHICLE # 1

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 2

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 3

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 4

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 5

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

VEHICLE # 6

STATE _____
LICENSE# _____
MAKE _____
MODEL _____
YEAR _____
COLOR _____

Please note any cars that you no longer have and should be removed from our list