

VEHICLE IDENTIFICATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED TO OFFICE IN ORDER TO BE ISSUED A PARKING DECAL FOR YOUR VEHICLE. PLACE DECAL IN THE LOWER RIGHT PASSENGER SIDE OF YOUR WINDSHIELD TO AVOID THE POSSIBILITY OF HAVING YOUR VEHICLE TOWED.

UNIT NUMBER _____ GARAGE# _____ STORAGE LOCKER# _____

NAME OF UNIT OWNER(S):

NAME OF TENANT(S):

VEHICLE #1

MAKE AND MODEL: _____ / _____

COLOR: _____

LICENSE PLATE NUMBER: _____

STATE REGISTERED: _____

VIN NUMBER: _____

VEHICLE #2

MAKE AND MODEL: _____ / _____

COLOR: _____

LICENSE PLATE NUMBER: _____

STATE REGISTERED: _____

VIN NUMBER: _____

Received by: _____ Date: ____ / ____ / ____

Print Name: _____

To be completed by office:

DECAL # _____

(Red- Garage: Teal- Resident)

DATE ISSUED _____