

VEHICLE REGISTRATION FORM
LAGOON TOWNHOMES CONDOMINIUM ASSOCIATION

Unit Owner's Name _____

Please Print

Leaseholder's Name _____

Please Print

Unit Number _____

Titled Vehicle Owner's Name if different than above:

Unit Owner's/Leaseholder's Mailing Address:

Home Telephone Number: _____

Local Phone Number: _____

Cell Telephone Number : _____

Work Number: _____ FAX # _____

#1 Vehicle License Plate Number: _____ State: _____

Vehicle Make:

Color:

Year:

#2 Vehicle License Plate Number: _____ State _____

Vehicle Make:

Color:

Year:

Signature

Date

