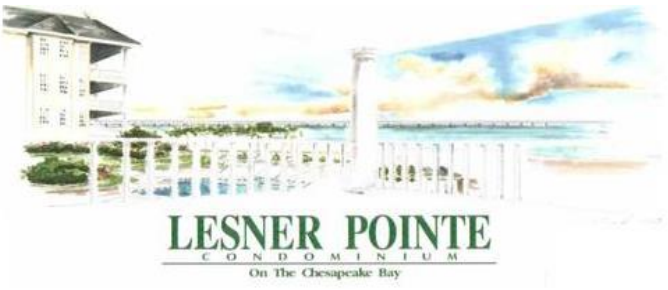


# Decal Registration Form

Please complete all of the information in the spaces provided and return to Associa Community Group at their office or via mail, fax, or email as provided at the bottom of this form to obtain your parking decal(s). Upon receipt of the completed form, your decal(s) will be issued.

**Unit Address:** _____

**Resident Name**: _____

**Person Applying for Decal (if Owner, put "same")**:_____

**Applicant Is**: ___ Owner ___ Renter **Email Address**: _____

**Phone(Home)**:_____**(Work)**_____**(Cell)**_____

**Phone Number for gate entry system to call when you receive guests:**_____

**VEHICLE INFORMATION**

| Year, Make, Model of Vehicle | Color | License Plate # | State |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| ABOVE VEHICLE(S) REPLACE THESE VEHICLES: |
|---|
| |
| |

*****Decal must be prominently displayed in the rear windshield of the vehicle*****

**Signature:**_____ **Date:**_____

**Please return this completed form to Mona Nantell - Mona@mystreet.com**

**For Office Use Only:**

**Assigned Parking Space #**_____

**Decal(s) Mailed/Picked up**_____ **Issued by:**_____