

VEHICLE REGISTRATION FORM

1.Name_____

2.Unit number_____

3.Assigned parking spot number_____

4.Make and model of vehicle_____

5.Insurance carrier and expiration date_____

6.License number_____

If you also have a motor cycle please include the insurance and license number.

Please print form, fill out the information, and submit to the Board to receive a parking tag and guest tag.

Email to whittiertowers1@gmail.com

***If you do not have a printer capability you may also send this information via email. Make sure to include all six answers.