

VEHICLE REGISTRATION FORM

Vehicle #1:

Tenant Name: _____

Make of vehicle: _____

Model of vehicle: _____

Color of vehicle: _____ License Plate Number: _____

Registered to: _____

Copy of Registration: _____ Copy of Insurance: _____

Vehicle #2:

Tenant Name: _____

Make of vehicle: _____

Model of vehicle: _____

Color of vehicle: _____ License Plate Number: _____

Registered to: _____

Copy of Registration: _____ Copy of Insurance: _____

I understand that any vehicle regularly present at my residence that is found to be an unauthorized guest may be towed at my expense, and I may be issued a Lease Violation for Unauthorized Persons.

Tenant Signature/Date

Tenant Signature/Date

OFFICE USE ONLY:

SSMHC Parking Tag (Vehicle #1): _____ Date Issued: _____

SSMHC Parking Tag (Vehicle #2): _____ Date Issued: _____

Staff Initials: _____

