## PLUM CREEK CONDOMINIUM ASSOCIATION VEHICLE REGISTRATION FORM

Co-Owner Name:	Phone #		
Plum Creek Address:		Unit #_	
Tenant (s) Names (if accep	otable):		
	<u>Vehicle Informat</u>	<u>tion</u>	
Vehicle #1			
Make:	Model:	Color:	
License Plate State:	License Plate Number:	Exp. Date:	
Vehicle #2			
Make:	Model:	Color:	
License Plate State:	License Plate Number:	Exp. Date:	

Return form to Casa Bella Property Management

Association Property at owner's expense.

Mail: 850 N. Crooks Rd Clawson, MI 48017

Email: <a href="mailto:ewhiting@casabellamanagement.com">ewhiting@casabellamanagement.com</a>

Fax: 248-655-3900