



Managing Agent:
REGENCY MANAGEMENT GROUP
P. O. Box 588
Howell, NJ 07731
(732) 364-5900

NAME OF COMMUNITY ASSOCIATION:

VEHICLE REGISTRATION FORM

_____ [NAME AND ADDRESS OF OWNER(S)] _____

PHONE: (H) _____ (W) _____

_____ [NAME OF RESIDENT(S)] _____

DESCRIPTION OF VEHICLE(S):

(Make, Model, Year, Color)	DRIVER NAME(S)	LICENSE PLATE(S)	VEHICLE I D #
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1. _____

2. _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMMUNITY, INCLUDING THE PARKING REGULATION(S) AS FOLLOWS:

COMMERCIAL VEHICLES MAY NOT PARK OVERNIGHT ON ASSOCIATION PROPERTY. ALL VEHICLES MUST HAVE A CURRENT INSPECTION STICKER, REGISTRATION AND INSURANCE.

CERTIFIED BY:

_____ (SIGNATURE)

_____ (ADDRESS)

_____ (DATE)