

**VEHICLE REGISTRATION
RFID TRANSPONDER**

DECAL – Yes / No
 Owner
 Tenant - Lease Expiration Date _____

NAME: _____ DATE: _____

Lot # _____ Street _____ CITY/ZIP: _____

PHONE#: _____ CELL#: _____

EMAIL (Required): _____

**** Please attach copies of the registration for each vehicle listed on this form****

	RFID # <i>Office Use</i>	License Plate # Last Four of VIN #	Make Model	Color	Year	Registration Exp. Date
VEH 1						
VEH 2						
VEH 3						
VEH 4						
VEH 5						

Vehicles must be present to affix the RFID. I understand that I am responsible for all the RFID's issued to the vehicles listed on this form. Further I am in receipt of the RCRVR Rules & Regs for Parking, Permits, & Vehicle Violations and understand that, I am responsible for my guests and vendors.

Resident Signature:

Date:
