SUMMERSIDE ASSOCIATION VEHICLE REGISTRATION for PARKING PERMITS

	OWNER INFOR	MOTTAM
UNIT NUMBER	SWIER ZIII SIX	D. C. L. C. L.
FULL NAME		
HOME ADDRESS		
PRIMARY PHONE#	2nd PHONE#	
E-MAIL ADDRESS		
	RESIDENT / TENANT INFORM	NOTTAN
	RESIDENT TENANT IN ORI	II TION
FULL NAME		
HOME ADDRESS		
PRIMARY PHONE#	2nd PHONE#	
E-MAIL ADDRESS		
	2ND RESIDENT / TENANT INFORI	MOTTON
	ZHO RESIDENT E TENTITI IN ORI	MITOI
FULL NAME		
HOME ADDRESS		
PRIMARY PHONE#	2nd PHONE#	
E-MAIL ADDRESS	ENGTHONE	
	RESIDENT / TENANT VEHICLE INFOR	MATION
	-	MATION
FULL NAME of PRIMARY		
MAKE of VEHICLE	MODEL	
YEAR of VEHICLE	COLOR(s)	
TAG NUMBER	YEAR / MONTH STATE	
to the second se		
	2ND RESIDENT / TENANT VEHICLE INFOR	MATION
FULL NAME of DDIMARY		MATION
FULL NAME of PRIMARY	/ DRIVER	MATION
MAKE of VEHICLE	/ DRIVER MODEL	MATION
MAKE of VEHICLE YEAR of VEHICLE	ORIVER MODEL COLOR(s)	MATION
MAKE of VEHICLE	/ DRIVER MODEL	MATION
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MAKE of VEHICLE YEAR of VEHICLE TAG NUMBER	ORIVER MODEL COLOR(s)	
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I attest that the above information is true and correct to the best of my knowledge

OWNER SIGNATURE