

# 3101 GARAGE PARKING LOT

## Registration Form

Name of Primary Driver: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

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Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

License Tag #: \_\_\_\_\_ State: \_\_\_\_\_

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Alternate Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

License Tag #: \_\_\_\_\_ State: \_\_\_\_\_

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\*\*\*\*The acceptance of this Registration relieves the issuer or its agent of any responsibility for damages to or loss of vehicle, its contents or accessories from any cause whatsoever.

**DRIVER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Unit Number** \_\_\_\_\_