

**APPLICATION FOR OWNERS
VEHICLE STICKERS**

Date: _____

Central Romana Administration Offices. : I hereby request that you assign us the vehicle stickers corresponding to the cars indicated below:

OWNER'S NAME	
VILLA	

Tel: _____ Email: _____

VEHICLE DATA

TYPE	BRAND	MODEL	LICENCE PLATE	COLOR
STATUS	NEW <input type="checkbox"/>	Observations:		
APPLICATION:	REPLACEMENT <input type="checkbox"/>			

Notes: Please include copy of the vehicle registration. The vehicle registration can't be under an employee or other person's name, only under the name of the person applying on this form.

FAMILY DATA

NAMES	IDENTIFICATION	PARENTAGE

For these application only qualifies: 1) Property Owners 2) Children 3) in-laws 4) Owner's Parents

Access Control Department.
Owners and Residents Service Office

Please send your application form and photos to:

accesospropietarios@ccampo.com.do,
owneraccess@hotmail.com

Tele Fax: (809) 523-2680

Office: (523)-3333 Ext. 2080, 2079

Applicant signature:

Approved by
CR Administration
