

VEHICLE REGISTRATION FORM

Resident's Name: _____

Vehicle Owner's Name
(If different than Resident's Name) _____

Unit/Suite #: _____ **Telephone #:** _____

Email Address: _____

Unit Occupancy: _____ **Owner/ Resident/ Tenant**

Vehicle Make _____

Model _____

Year _____

Colour _____

License Plate _____

Please attach a recent photo of the vehicle with number plate when submitting form to the Management office or you may send an email of the photo to the Management Office.

Note: Vehicle details can only be updated when a copy of the ownership/ Lease is on file and the resident's information forms have been filled out and submitted.

Signature of Owner: _____ **Date :** _____

Please complete and return this form to Management Office in person or via the concierge desk or by email shanta.sapkota@melbournepm.ca.