

RESIDENT PASSENGER VEHICLE REGISTRATION

Resident Type] Owner [] Tena	nt[] Family Member	
Name:			
Address:		Unit # Cell# Email	
Phone:	Cell#	Email	
1st Passenger Vo	ehicle:		
Make:	Model:	Color:	Year:
License Plate:		State Issued	
2nd Passenger V	ehicle: Fee for S	tudio & 1BR Units \$100/Ar	inual
Make:	Model:	Color:	Year:
License Plate:		State Issued	
<u>3rd Passenger V</u>	ehicle: Fee \$100	/Annual	
Make:	Model:	Color:	Year:
License Plate:		State Issued	
4th Passenger Vo	ehicle: Fee \$100	/Annual	
Make:	Model:	Color:	Year:
License Plate:		Color: State Issued	
Please make sur of Insurance.	re to include a c	copy of your valid DMV I	Registration and Proof
For Additional V at Palisades Cor		submit a check made pa	yable to The Gardens
I/We	acknow	vledge that it is my resp	oonsibility to update all
	_	tion with The Gardens a	
		Management. Failure to	do so may result in
rines being asse	ssea ana/or to	wing of my vehicle.	
Signature		 Date	