

PUNTA RASSA CONDOMINIUM
TEMPORARY
VEHICLE REGISTRATION

Renting Unit No. _____ Building No. _____ No. of Persons Staying _____

Unit Owner: _____ Phone: _____

Leasing Agent: _____ Phone: _____

Name of Primary Driver(s) _____

Dates of Stay: From _____ To _____

Make & Model of Vehicle: _____ Year _____ Color _____

Current Tag Number _____ State Registered In _____

Home Address: _____ City _____ State _____ Zip _____

CELL PHONE: _____ EMAIL: _____

SIGNATURE: _____

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