

Punta Rassa Vehicle(s) Registration	Assigned Parking Spaces _____	LICENSE NO. _____	Parking Permit Number _____	Permit Color _____
	Mark "X" if not applicable		Expiration Date: _____	

PLEASE PRINT CLEARLY - A separate registration must be completed for each vehicle.

NAME OF PRIMARY DRIVER _____

Punta Rassa Address: _____ () Resident () Seasonal () Annual Renter
 Bldg. Number _____ Unit Number _____ () Monthly Renter () Temporary Guest from _____ to _____

Off Premise Home Address: _____
 Street _____ City _____ State _____ Zip _____

Local Phone: _____ Off Premise Phone: _____ Cell Phone: _____

Email Address: _____

MAKE OF VEHICLE: _____ MODEL: _____ YEAR: _____ COLOR: _____

Current Tag Number: _____ Year: _____ State Registered: _____

Driver's Signature _____ Today's Date: _____

Please notify Management if this vehicle is sold.

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