



## VEHICLE REGISTRATION FORM

All homeowners and/or their tenants must complete this form which will be kept on file at the management office. Each individual that resides in the residence that currently has a valid NJ driver's license is entitled to one blue primary parking sticker. Any additional vehicles that are not used a "primary" vehicle must be register and current with all NJ credentials. These vehicles will receive a red visitor sticker. ***Please provide a copy of the vehicle registration and proof of residency for each vehicle you are requesting a permit for.*** Failure to complete the form as specified will result in a \$25.00 fine to the unit owner. All information is for Association records and will be kept strictly confidential.

Unit Owner's Name(s) or (Tenant): \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Renter's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Owner's Signature (or Tenant): \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE INFORMATION** - If you own more than two (2) vehicles please write the information for your additional vehicle(s) on the back of this is form.

***Auto #1 -Please Circle one -Primary- Yes of No I Non-Primary- Yes or No***

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Name Registered to: \_\_\_\_\_ License Plate#: \_\_\_\_\_

Parking Tag# \_\_\_\_\_

***Auto #2 - Please Circle one - Primary - Yes of No I Non-Primary- Yes or No***

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Name Registered to: \_\_\_\_\_ License Plate#: \_\_\_\_\_

Parking Tag# \_\_\_\_\_

**Please turn page over if for additional vehicles if applicable**

***Auto #3 - Please Circle one - Primary - Yes of No I Non-Primary - Yes or No***

Make/Model: \_ \_ \_ \_ \_ Year: \_ \_ \_ \_ Color: \_ \_ \_ \_ \_

Name Registered to: \_ \_ \_ \_ \_ License Plate#: \_ \_ \_ \_ \_

Parking Tag# \_ \_ \_ \_ \_

***Auto #2 - Please Circle one - Primary - Yes of No I Non-Primary- Yes or No***

Make/Model: \_ \_ \_ \_ \_ Year: \_ \_ \_ \_ Color: \_ \_ \_ \_ \_

Name Registered to: \_ \_ \_ \_ \_ License Plate#: \_ \_ \_ \_ \_

Parking Tag# \_ \_ \_ \_ \_

Please note that any change in vehicles must be in writing and submitted to Access Property Management.

Send to:

Parkside Neighborhood Condominium Association

C/O Access Property Management

4 Walter E Foran Blvd., Suite 311

Flemington, NJ 08822

TEL: 908-860-2600, FAX: 908-806-7383

Or e-mail: [documents@accesspm.com](mailto:documents@accesspm.com)