



BURKE COVE CONDOMINIUM UNIT OWNERS ASSOCIATION

Office Use Only

Received On: _____ By: _____

Entered On: _____ By: _____

Vehicle(s) Registration Form

Unit #: _____ Resident/Owner Name: _____ Parking Space #: _____

One vehicle per licensed driver living at Burke Cove Condominium

Vehicle #1

Make _____ Model _____ Year _____ Color _____

Type _____ License Plate Number _____ State _____

Drive's Information: Owner Tenant/Resident

Name: _____ Driver License #: _____ Issuing State: _____

Vehicle #2

Make _____ Model _____ Year _____ Color _____

Type _____ License Plate Number _____ State _____

Drive's Information: Owner Tenant/Resident

Name: _____ Driver License #: _____ Issuing State: _____

Vehicle #3

Make _____ Model _____ Year _____ Color _____

Type _____ License Plate Number _____ State _____

Drive's Information: Owner Tenant/Resident

Name: _____ Driver License #: _____ Issuing State: _____

Signature

Date