

SAN REMO GOLF AND TENNIS CLUB CONDOMINIUM ASSOCIATION

Date: ____ / ____ / ____

FULL UNIT ADDRESS: _____

OCCUPANT NAME:

TYPE OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

OCCUPANT NAME:

TYPE OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

OCCUPANT NAME:

TYPE OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

OCCUPANT NAME:

TYPE OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING EMAIL ADDRESS WITHIN 15 DAYS:

JEM.SANREMO@GMAIL.COM

I declare that the statements above are true and correct.

Signed by: _____

Print Name: _____