

# KEYSTONE CONDOMINIUM ASSOC., INC.

## VEHICLE INFORMATION FORM

Date: \_\_\_\_\_

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

Unit Owner(s) Name(s): \_\_\_\_\_

Tenant(s) Name(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

### Vehicle (1)

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Year of Car: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Parking Sticker #: \_\_\_\_\_

### Vehicle (2)

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Year of Car: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Parking Sticker #: \_\_\_\_\_

**EMERGENCY CONTACT:** (Include name, address & telephone number)

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