



VEHICLE REGISTRATION FORM

Homeowner's Name: _____

Property Address: _____

Email Address and Telephone Number: _____

Vehicle #1

Vehicle #2

Year / Make / Model / Color:

Year / Make / Model / Color:

License Plate Number:

License Plate Number:

Assigned Parking Space and Permit Numbers

Homeowner's Signature: _____

Date of Request: _____

Does the owner of this vehicle have a valid New Jersey Drivers License?

Do the license, registration, and insurance reflect the Glen Eagles address as being the address of record?

If any of the above are "NO", please provide an explanation on the back of this form.

Each unit is permitted to have two (2) assigned parking spaces. This form is to register *only the vehicles that will be using those spaces*. Homeowners may use these spaces at their discretion within the stipulations established by the governing documents.

Revised 5/12



EXTRA VEHICLE REGISTRATION FORM

This form is to be used when requesting approval for any vehicle that exceeds the two allotted spaces due to other licensed drivers living at residence.

Homeowner's Name: _____

Property Address: _____

Email Address and Telephone Number: _____

Vehicle Year / Make / Model / Color: _____ License Plate Number

Assigned Parking Space and Permit Numbers

GUEST AT RANDOM

Does the owner of this vehicle have a valid New Jersey Drivers License?

Do the license, registration, and insurance reflect the Glen Eagles address as the address of record?

If any of the above are "NO", please provide an explanation on the back of this form.

This form is to be used ONLY when the number of vehicles to a single household exceeds two (2). Proof of residency must be submitted with this request showing that the owner's license, registration, and insurance reflect the Glen Eagles address as the address of record.

Homeowner's Signature: _____

Date of Request: _____