

Vehicle
Parking
Registration

Parking Permit Number ORM-_____

NAME OF PRIMARY DRIVER _____

STREET ADDRESS _____

TELEPHONE(S) _____ Email Address _____

MAKE OF VEHICLE _____ MODEL _____

Year of Vehicle _____ Color(s) _____

Current Tag Number _____ Tag Exp. Date _____ State _____

Driver's Signature _____

NOTICE TO DRIVER: Notify, Lambeth Management if this vehicle is sold. A separate registration must be completed for each vehicle