

**Dolly Bay Condominium Association, Inc.
Vehicle Information Sheet**



Building Name _____ Unit Number _____ Parking Space _____

Names Of All Residents (Please Print)

Resident

Resident

Resident

Resident

	Vehicle 1	Vehicle 2
Year, Make, and Model		
Type Of Vehicle		
Color Of Vehicle		
Tag Number and State		

Signature Of Resident

Date Signed

Signature Of Resident

Date Signed

Telephone Numbers To Call In Emergencies

Please use the space below to include any additional information you think the association should have on file.

When Completed Turn Into: _____
To Receive Your Stickers For Parking In Dolly Bay.