

CENTRE POINTE CONDOMINIUM ASSOCIATION
VEHICLE REGISTRATION FORM



Building _____ Unit#: _____

Resident Names: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Assigned Vehicle Parking Spot(s) _____

Vehicle Information (Make, Model, Color, Year, License Plate Number)

Thank you for the information. Registering your vehicle(s) is very important to ensure the safety of the complex. **If you have one (1) assigned Parking Space for your unit – you may ONLY have one (1) vehicle parked onsite and in your assigned Parking Space. You may not park in the outside VISITOR PARKING. The outside parking is reserved for VISITORS only and not for owners or tenants extra vehicles. [See Rule 6.13 in the Rules & Regulations]**

IMPORTANT

PLEASE RETURN THIS FORM TO: INTEGRA Condominium Association Management, Inc.,
P.O. Box 31936, Bellingham, WA 98228. PHONE: 360/656-5091 FAX: 360/656-5093