



VEHICLE REGISTRATION

Date: _____ Unit: _____ Parking Stall(s): _____

Name: _____ Phone: _____ Email: _____
 First Last

Name: _____ Phone: _____ Email: _____
 First Last

Please refer to the **Association Rules** for a full list of parking regulations.

<p>Vehicle #1</p> <p>Decal #:</p>	Year: _____ Make: _____ Model: _____ Color: _____ License Plate: _____ STATE: _____
<p>Vehicle #2</p> <p>Decal #:</p>	Year: _____ Make: _____ Model: _____ Color: _____ License Plate: _____ STATE: _____
<p>Vehicle #3</p> <p>Decal #:</p>	Year: _____ Make: _____ Model: _____ Color: _____ License Plate: _____ STATE: _____

Association Rules Section 5: **Parking**

- 5.12 Occupants shall register their Motor Vehicles with the office of the General Manager.
- 5.13 Occupants shall at all time while in the parking garage maintain safe and proper speeds and use headlights.

By signing this form, I understand that the parking decal appurtenant to my vehicle(s) must be visible at all times on the front windshield (driver side, bottom corner) and is part of the registration process. Failure to observe the rules stated above may result in progressive enforcement by the Association, including penalties and fines. In Addition, I understand that The Collection AOOU and Management cannot accept responsibility or liability for any loss, damage or claims of property that arise from The Collection's parking facilities, including but not limited to, theft, collision, fire, acts of god, weather or construction, etc. I hereby indemnify The Collection AOOU, its employees, members, and agents against any loss, cost or damage incurred as a result of driving and/or parking in The Collection parking structures. I confirm that I have liability insurance on my vehicle that is current and in effect.

Resident Signature: _____ Date: _____ Resident Signature: _____ Date: _____