

Kathy Richards Management, Inc.



the
"CAREtakers"

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Equal Housing Opportunity



This institution is an equal opportunity provider and employer.

VEHICLE REGISTRATION FORM

Vehicle License Number #: _____

Name of Project: _____

Resident's Name: _____

Address: _____ Tel # _____

Make of Vehicle: _____ Year _____

Color: _____ Driver License # _____

State of Vehicle Registration: _____

- A separate registration form must be filled out for each vehicle.
- This is to acknowledge that my vehicle must be kept in running condition at all times. I further understand that no repairs or washing of vehicles will be done in the parking lots or anywhere on the premises of this apartment community. I further understand that my vehicle must be registered and licensed at all times.

Occupant's Signature

Date

Manager Signature

Date

938-3/01

TDD NUMBERS: Michigan 800-649-3777
Wisconsin 715-345-7614

Illinois 217-403-624

Ohio 1-800-855-1155
Indiana 317-290-3348