

RESIDENT VEHICLE REGISTRATION FORM

Resident _____ **Unit** _____

Vehicle Information #1

Owner _____ **Unit** _____

Year _____ **Make** _____ **Model** _____

Color _____ **Plate Number** _____

Vehicle Information #2

Owner _____ **Unit** _____

Year _____ **Make** _____ **Model** _____

Color _____ **Plate Number** _____

Vehicle Information #3

Owner _____ **Unit** _____

Year _____ **Make** _____ **Model** _____

Color _____ **Plate Number** _____

Signature _____ **Date** _____

Submit a copy of your current State of Illinois registration.

Return this form and the required documents to the HOA.

GALLERY @ GATEWAY CENTRE HOMEOWNERS ASSOCIATION
515 Main Street West Chicago, IL 60185
<http://www.gatewaycentrecondos.org> 630-293-8040