Vehicle Registration Audit Form

To ensure the Association's records are accurate, the Board of Directors is requesting each resident of Bella Trae Community Association, Inc. to submit this Vehicle Registration Audit form. All members of the household, over the age of 18, with a vehicle will need to complete this form. Please submit or bring to the Clubhouse for review, a copy of the vehicle's registration(s) for all active RFIDs listed below. Forms need to be completed and returned along with proof of registration by _____. The Board of Directors has requested deactivation of all RFIDs NOT listed on the audit form on or around _____.

_____ _____

Name Email

_____ _____

Unit Address Phone Number

Resident Status:

☐ Full-time ☐ Seasonal ☐ Other _____

Vehicle Information 1

Select One:

☐ Windshield RFID Sticker ☐ Headlight RFID Sticker ☐ Hangtag

_____ _____

Registered Owner Name of Primary Driver

_____ _____ _____ _____ _____ _____

Year Make Model Color State License Plate #

Vehicle Information 2

Select One:

☐ Windshield RFID Sticker ☐ Headlight RFID Sticker ☐ Hangtag

_____ _____

Registered Owner Name of Primary Driver

_____ _____ _____ _____ _____ _____

Year Make Model Color State License Plate #

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* ***List any additional vehicles on a second Vehicle Registration Audit form.***

All residents must either submit this form, with a copy of the vehicle(s) registration(s) attached, or bring a copy for auditing in person at the Clubhouse Front Desk. Should there be any future changes to the information listed above, it is the resident's responsibility to update the front desk.