

MIMICO CO-OPERATIVE HOMES INC.

VEHICLE REGISTRATION FORM

UNIT #: _____

NAME: _____

MAKE OF VEHICLE: _____

MODEL OF VEHICLE: _____

COLOUR OF VEHICLE: _____

LICENSE PLATE#: _____

NOTE: You must provide proof of insurance for your vehicle

FOR OFFICE USE ONLY

Parking Space Allocated: _____

Parking Permit Given: _____

Effective Date: _____

Entry Card Program: _____

Proof of Insurance provided _____

Date Cancelled: _____

Parking Permit Returned: _____

Entry Card Deprogram: _____

DATE ENTERED IN HM WORX: _____

ENTERED BY: _____