

MOTOR VEHICLE REGISTRATION FORM

200 705 667

Tenant: _____

Address: _____

Telephone: _____

Owner if not tenant: _____

Proof of Tenant being insured if not owner: Yes No

Year: _____ Make/Model: _____

Color: _____ Registration #: _____ Exp Date: _____

***Please bring with this form a copy of your Registration**

Tenant Signature: _____ Date: _____

Sticker #: _____