

VEHICLE REGISTRATION FORM

Information provided will be used EXCLUSIVELY by Curtis Protective Services, Inc.

Property: _____

Address: _____

APPLICANTS

(A) Name: _____ Phone: (____) _____

Address: _____ Apartment/Unit #: _____

Email Address: _____

(B) Name: _____ Phone: (____) _____

Address: _____ Apartment/Unit #: _____

Email Address: _____

VEHICLE(S)

Tag: _____ Make: _____ Color: _____

Tag: _____ Make: _____ Color: _____

Extended or long-term storage: YES: _____ NO: _____
(If YES, please complete and attach Extended Storage Application.)

Applicant's Signature Date

Applicant's Signature Date

Manager's Signature Date

Please fax completed form to (800)793-9431.