



**FAIRVIEW TERRACE OWNERS ASSOCIATION  
REQUIRED VEHICLE REGISTRATION FORM**

**About you**

*Please complete each section even if you have completed similar forms in the past.*

Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

*Please tell us whether you reside at your unit by checking one of the following:*

- I reside at my unit either full-time or part-time.
- I do not reside at my unit but instead provide it to family/friends through an informal agreement.
- I do not reside at my unit but instead provide it to renters through a formal agreement.

*Please note that it is your responsibility to provide the following information, even if you do not reside at your unit.*

Tenant Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email address: \_\_\_\_\_

**Vehicle Information**

*Include all vehicles that are regularly parked at the home.*

Vehicle #1

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Color(s): \_\_\_\_\_

Vehicle #2

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Color(s): \_\_\_\_\_

*\*Use the back of this form for additional vehicles.*

**Signature of verification:**

*Please sign below to verify the accuracy of the information you have provided.*

\_\_\_\_\_  
PLEASE PRINT OWNER'S NAME(S)

\_\_\_\_\_  
SIGNATURE OF OWNER DATE

\_\_\_\_\_  
SIGNATURE OF OWNER DATE

THANK YOU FOR COMPLETING THIS FORM AND RETURNING IT TO CMI

PH 503.233.0300  
FAX 503.233.8884  
2105 SE 9th  
Portland, OR  
97214

