

Kissing Camels Estate

Vehicle Registration Request Form

Date: _____

(Office use only) Security Officers Initials: _____

Bill Directly _____

Paid by Check # _____

Replaced Windshield	_____	Verify Decal/RFID	_____	Windshield RFID	_____	\$ _____
Purchased New Vehicle	_____	Tested at all gates	_____	Headlamp RFID	_____	\$ _____
Verified Insurance	_____	Tested at main gate only	_____	License Plate RFID	_____	\$ _____
Verified Registration	_____			Decal Only	_____	N/C

Resident's Name: _____

Resident's Kissing Camels Address: _____

Resident's Contact Numbers: _____

Resident's Email Address: _____

Vehicle Information

- | | |
|-----------------------------|-----------------------------|
| 1) Vehicle Make: _____ | 2) Vehicle Make: _____ |
| Vehicle Model: _____ | Vehicle Model: _____ |
| Vehicle Color: _____ | Vehicle Color: _____ |
| License Plate State: _____ | License Plate State: _____ |
| License Plate Number: _____ | License Plate Number: _____ |
| Resident Decal: _____ | Resident Decal: _____ |
| RFID: _____ | RFID: _____ |
| Old Decal # _____ | Old Decal # _____ |
| Old RFID # _____ | Old RFID # _____ |
| 3) Vehicle Make: _____ | 4) Vehicle Make: _____ |
| Vehicle Model: _____ | Vehicle Model: _____ |
| Vehicle Color: _____ | Vehicle Color: _____ |
| License Plate State: _____ | License Plate State: _____ |
| License Plate Number: _____ | License Plate Number: _____ |
| Resident Decal: _____ | Resident Decal: _____ |
| RFID: _____ | RFID: _____ |
| Old Decal # _____ | Old Decal # _____ |
| Old RFID # _____ | Old RFID # _____ |

CMS _____