

Wexford Plantation Security Department

7. Owner Vehicle Registration Form

Owner: _____

Wexford Address: _____

Wexford Phone Number: _____

Permanent Address: _____

Phone Number: _____

Vehicle Info: Make: _____ Year: _____

Model: _____ Color: _____

License Number: _____ State: _____ Year: _____

Signature of Owner: _____ Date: _____

Application must be signed by General Manager or Executive Assistant before any vehicle decals are issued:

Signature: _____ Date: _____
General Manager or Executive Assistant

Decal Number: _____

Date Issued: _____

Issued By: _____
Name of Security Officer