

Lucerne Medical Plaza
EMPLOYEE VEHICLE REGISTRATION FORM

Date: _____ Suite Number: _____

Business Name: _____

Building Address: _____

Vehicle Owner's Name: _____

Phone Number: _____

Vehicle Make: _____ Model: _____

Vehicle Color: _____ Year: _____

License Plate #: _____

EXISTING HANG TAG (if any) _____

**Please complete the information and fax to the management office at
(321) 214-4501 or email it to kdillard@holladayprop.com**

If Employee uses an additional vehicle please provide vehicle information below:

Additional Vehicle Make: _____ Model: _____

Additional Vehicle Color: _____ Year: _____

Additional Vehicle License Plate #: _____