



VITALIA™ AT TRADITION

11899 SW Apple Blossom Trail | Port St. Lucie, FL 34987
Phone: (772) 800-2504 | Email: vitalia@campbellproperty.com

OWNER RFID REGISTRATION FORM

Instructions:

1. Complete Form
2. Attached copy(ies) of vehicle registration(s)
3. Collect Payment
4. Place on Vehicle with the exception of portables

RESIDENT NAME: _____

VITALIA ADDRESS: _____

1. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Decal# _____ Access #: _____

2. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Decal# _____ Access #: _____

3. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Decal# _____ Access #: _____

Are you replacing a vehicle? If so which one(s)? _____

FOR INTERNAL USE ONLY

Credit Card (✓) _____ or Check # _____ (attached copy of check to form)

Registration Received and Attached: YES NO (Circle One)

Employee Name (Print): _____ Date: _____

Decal # (Port) Portable Transponder (\$16.00) Wind)-Sticker (\$12) (Head) Headlight (\$12)