



# Vehicle Transponder Request Form

Separate and Complete Form Required for Each Vehicle

**Request Type:**  New or Additional Transponder  Replacement Transponder

Homeowner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Vehicle Ownership:** All transponder requests require a copy of the current vehicle registration.

Homeowner: Homeowner vehicle registration must show a Trailwood address.

Tenant: Please provide a copy of your Lease Agreement. Lessee name must match registration.

Other: Requests for any vehicle not registered to a Trailwood address require a written explanation below for review and approval by the Board of Directors.

Reason for non-homeowner transponder, and relationship to homeowner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information of Vehicle Being Registered:

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Registered: \_\_\_\_\_

### Information Pertaining to Replacement Transponders:

Is replacement due to a damaged transponder or windshield replacement?  Yes  No

Is replacement for a previously registered vehicle that has been sold?  Yes  No

If yes, please list the vehicle that you have sold or no longer own:

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Registered: \_\_\_\_\_

*The first two (2) transponders are provided at no charge. Additional transponders are \$30 each up to six transponders total, then \$60 each. Make check payable to "Trailwood Maintenance Association". Transponders come with no warranty and will deactivate if tampered with or removed from windshield. Vehicles must follow parking regulations. Homeowner is liable and responsible for any damage caused to Association Property by vehicles with transponders associated to their household.*

***I certify that the above information is true and correct.***

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupant Signature, if other than Homeowner \_\_\_\_\_

----- **OFFICE USE ONLY BELOW THIS LINE** -----

Processed By \_\_\_\_\_ Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Transponder # Issued \_\_\_\_\_ Transponder # to be deactivated \_\_\_\_\_ BOD Approval \_\_\_\_\_