



# RCI

## Registration & Records Department

ROGER M. FRIEDMAN – MANAGER

### BAR CODE APPLICATION

(FILL OUT ONE FORM FOR EACH BAR CODE ISSUED-IF MORE THAN ONE BAR CODE IS ISSUED AT THE SAME TIME ONLY FILL OUT GARAGE/LICENSE SPACE/BAR CODE INFO AT BOTTOM OF ADDITIONAL FORM AND STAPLE SHEETS TOGETHER)

Date Barcode Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Issued By \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

OWNER \_\_\_\_ TENANT \_\_\_\_ AUTHORIZED FREQUENT VISITOR \_\_\_\_

CONTRACTOR \_\_\_\_ OTHER (Explain) \_\_\_\_\_ REPLACEMENT \_\_\_\_ NEW \_\_\_\_

REGIME \_\_\_\_ BUILDING \_\_\_\_ UNIT \_\_\_\_

UNIT OWNER'S NAME \_\_\_\_\_

OWNER ADDRESS IF OTHER THAN SHADOWS \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ RECIPIENT PHONE \_\_\_\_\_

AWAY PHONE \_\_\_\_\_

IF LEASE (START DATE) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (END DATE) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### GARAGE SPACE AND LICENSE PLATE INFO

SPACE \_\_\_\_ BLDG \_\_\_\_ AUTOMAKE \_\_\_\_\_ COLOR \_\_\_\_ YEAR \_\_\_\_

LICENSE# \_\_\_\_\_ STATE \_\_\_\_ BARCODE# \_\_\_\_\_

MEDICAL ASSISTANCE REQUIRED (YES) \_\_\_\_ (NO) \_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ CONDITION REQUIRING ASSISTANCE \_\_\_\_\_

Signature \_\_\_\_\_