



VEHICLE IDENTIFICATION FORM

COMPANY NAME: _____

OFFICE PHONE NO.: _____

NAME OF MONTHLY PARKER	YEAR AND VEHICLE TYPE	COLOUR	LICENSE PLATE NUMBER

If an alternate vehicle is used on a periodic occasion, please also include this information above.

You may return this form via fax to 20 VIC Management Inc. at **416-360-6865** or by e-mail kcassidy@20vic.com or simply drop off the form at the Security Desk. Thank you.

20 Vic Management Inc.
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Toronto, Ontario M5C 2W5