



RESIDENT INFORMATION FORM

Unit Number: _____ Mailbox Number: _____ Storage Number: _____ Parking Number: _____

THE PROPERTY ADDRESS IS YOUR: PRIMARY RESIDENCE SECONDARY RESIDENCE RENTAL PROPERTY

OWNER 1 Name Cell # Home # Work # Cell # Home # Work #

OWNER 2 Name Cell # Home # Work # Cell # Home # Work #

OWNER MAILING ADDRESS

CITY STATE ZIP

EMAIL ADDRESS

CHILDREN? YES NO If yes, list ages: _____

COMMUNICATION OFFICIAL NOTICE BY EMAIL IS ACCEPTED _____ PEF

RENTER/TENANT INFORMATION

RENTER/TENANT NAME(S) CELL # Home # Work # EMAIL

RENTER/TENANT NAME(S) CELL # Home # Work # EMAIL

RENTER/TENANT NAME(S) CELL # Home # Work # EMAIL

VEHICLES AT THIS PROPERTY

1. MAKE/MODEL: _____ COLOR: _____ LICENSE: _____
2. MAKE/MODEL: _____ COLOR: _____ LICENSE: _____
3. MAKE/MODEL: _____ COLOR: _____ LICENSE: _____
4. MAKE/MODEL: _____ COLOR: _____ LICENSE: _____

OTHER RESIDENTS LIVING AT THE PROPERTY

1. NAME: _____ RELATIONSHIP: _____
2. NAME: _____ RELATIONSHIP: _____
3. NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT FOR RESIDENTS

- NAME: _____ RELATIONSHIP: _____ PHONE: _____
- NAME: _____ RELATIONSHIP: _____ PHONE: _____
- NAME: _____ RELATIONSHIP: _____ PHONE: _____

PET/ANIMAL INFORMATION

- TYPE/BREED: _____ SIZE/WEIGHT COLOR: _____
- TYPE/BREED: _____ SIZE/WEIGHT COLOR: _____

OTHER IMPORTANT INFORMATION

Do we have permission to include your information in an Owners Directory? YES NO

Do you need assistance during an evacuation in case of fire or weather? YES NO

Please the names of individuals who can access your unit without approval:

PLEASE RETURN TO THE MANAGEMENT OFFICE