

**RESIDENT INFORMATION**

(Please Return to Manager's Office As Soon as Possible)

Apartment Number: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Name(s) of Occupant(s): \_\_\_\_\_

\_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Other: (Summer, Winter, Weekend): \_\_\_\_\_

Email address: \_\_\_\_\_

Automobile(s) (Make, Year, Color): \_\_\_\_\_

\_\_\_\_\_

License Number(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parking Garage Space(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Storage Bin Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Do You Maintain a Small Pet? \_\_\_\_\_ If so, please describe \_\_\_\_\_

\_\_\_\_\_

Name of Owner if other than above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones (H) \_\_\_\_\_ (W) \_\_\_\_\_

Please list the name(s), address, and phone number(s) of any person(s) we may contact, other than yourself, in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) (H) \_\_\_\_\_ (W) \_\_\_\_\_

If there are disabled persons (handicapped, blind or needing medical assistance in an emergency) residing in your unit, please indicate their name and type of disability.

Name(s) \_\_\_\_\_ Disability \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_