

RESIDENT INFORMATION

UNIT ADDRESS: _____
(E.G. 15-A-L, 64-12-J)

DATE: _____

FIRST RESIDENT

NAME: _____
print

HOME TELEPHONE: _____

EMAIL: _____

WORK TELEPHONE: _____

VEHICLE PLATE NUMBER _____ CELL PHONE _____

SECOND RESIDENT

NAME: _____
print

HOME TELEPHONE: _____

EMAIL: _____

WORK TELEPHONE: _____

VEHICLE PLATE NUMBER: _____ CELL PHONE: _____

FILL OUT EMERGENCY DATA IF YOU WISH

WHO TO CONTACT: _____

PHONE: _____

CHILDREN (IF APPLICABLE)

NAME: _____

AGE: _____

NAME: _____

AGE: _____

PETS: Y/N ____ If yes, an approved waiver must FIRST be obtained from Trust. **No dogs allowed.**

OWNER TO FILL OUT IF UNIT IS RENTED

Lease start date _____

Lease end date _____

Tenant OKs repairs up to \$ _____

Move-in date _____

Issue Recreation Passes (Y/N) ? _____

Sticker/Passes returned (Y/N) ? _____

OWNER'S SIGNATURE: _____

DATE: _____