



CONFIDENTIAL RESIDENT INFORMATION

Please complete and return the following information.

PROPERTY OWNER'S NAME: LAST FIRST

PROPERTY OWNER'S NAME: LAST FIRST

E-mail

PROPERTY ADDRESS:

OWNER'S TELEPHONE #'S () HOME () BUSINESS

OFF-SITE ADDRESS: (if applicable)

If you are leasing/renting your unit, please list the names of all tenants, and include the phone numbers where they can be reached.

- 1. 2. 3. 4. 5. 6.

Home Phone # () Work Phone # ()

Please provide resident's vehicle information (for the people who live in the unit:

Table with 3 columns: YEAR, MAKE & MODEL, VEHICLE LICENSE #

IS PROPERTY (check one): [] OWNER-OCCUPIED [] LEASED TO A TENANT

OWNER'S SIGNATURE: DATE:

Check One: [] UPDATE INFORMATION [] NEW OWNER INFORMATION