

**RESIDENT REGISTRATION FORM**

**APARTMENT NUMBER:** \_\_\_\_\_

**PARKING STALL NUMBER:** \_\_\_\_\_

**RESIDENCY:** Owner Occupied / Renter

**MOTORCYCLE / BICYCLE:** \_\_\_\_\_

**RESIDENTS:**

Number of Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Full Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Full Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

**EMPLOYER:**

Company Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**IN CASE OF EMERGENCY:**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**VEHICLES**

YEAR	MAKE	MODEL	COLOR	LICENSE

**APARTMENT OWNER / AGENT:**

Name / Company: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I / We hereby acknowledges that I / We have received and read a copy of the House Rules and agree to comply with same. I / We understand that a violation of the House Rules and / or By Laws can result in citations/fines.

I / We understand that IN CASE OF EMERGENCY, the General Manager, Managing Agent, or any other person authorized by the Board of Directors is granted effective immediately the RIGHT OF ENTRY, regardless if the Owner or Resident is present at the time or not.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_