

UNIT: \_\_\_\_\_

❖ **OWNER INFORMATION**

Entryphone# \_\_\_\_\_ Parking Stall #: \_\_\_\_\_ Locker:  1<sup>ST</sup> FL  2<sup>ND</sup> FL

Owner's Name: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Owner's Number: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Emergency Contact: (NAME & NUMBER) \_\_\_\_\_

Owner's Emergency Contact: (NAME & NUMBER) \_\_\_\_\_

Owner's Doctor: (NAME & NUMBER) \_\_\_\_\_

What is the status of your unit? \*Please submit the rental agent and renter registrations

Permanent residence  Seasonal (2<sup>nd</sup> home)  Family Resides  Rented\*

How would you like to be notified?  **LETTER**  **EMAIL** (please sign email consent form)

How would you like to receive the newsletter?  **HARD COPY**  **EMAIL**

Would you like to store your unit/car keys behind security?  **YES** (please sign indemnity form)  **NO**

Would you like to join the Keep-In-Touch program?  **YES**  **NO**

Are there pets in the unit?  **YES**  **NO**

*Breed and description:* \_\_\_\_\_

Are you renting a parking stall? Or renting your stall?  **YES\*\***  **NO** \*\*please submit agreement to mgmt.

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

Please make note of any special circumstances that management should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

UNIT: \_\_\_\_\_

## ❖ VEHICLE INFORMATION

✓ Owner of the Vehicle: \_\_\_\_\_ Stall#: \_\_\_\_\_

Are you renting this stall from another resident?  YES  NO *If so, who? (NAME & UNIT)* \_\_\_\_\_

Type of Vehicle:  Automobile  Motorcycle  Bicycle  Moped

Make (i.e. Ford, GMC): \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_

License: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Auto Insurance company name: \_\_\_\_\_

✓ Owner of the Vehicle: \_\_\_\_\_ Stall#: \_\_\_\_\_

Are you renting this stall from another resident?  YES  NO *If so, who? (NAME & UNIT)* \_\_\_\_\_

Type of Vehicle:  Automobile  Motorcycle  Bicycle  Moped

Make (i.e. Ford, GMC): \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_

License: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Auto Insurance company name: \_\_\_\_\_

✓ Owner of the Vehicle: \_\_\_\_\_ Stall#: \_\_\_\_\_

Are you renting this stall from another resident?  YES  NO *If so, who? (NAME & UNIT)* \_\_\_\_\_

Type of Vehicle:  Automobile  Motorcycle  Bicycle  Moped

Make (i.e. Ford, GMC): \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_

License: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Auto Insurance company name: \_\_\_\_\_

✓ Owner of the Vehicle: \_\_\_\_\_ Stall#: \_\_\_\_\_

Are you renting this stall from another resident?  YES  NO *If so, who? (NAME & UNIT)* \_\_\_\_\_

Type of Vehicle:  Automobile  Motorcycle  Bicycle  Moped

Make (i.e. Ford, GMC): \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_

License: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Auto Insurance company name: \_\_\_\_\_

UNIT: \_\_\_\_\_

## ***SECURITY INFORMATION***

Is there any personal information that Security Officer's should be aware of in order to better protect you? We are aware that this is sensitive information and we will handle it accordingly.

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Management is revising our Emergency Strategy. Emergency procedures for a residential property must take into account the resident profile. Because we would like to provide a ready response in the case of emergencies and disasters, management asks that you please complete the following form to the best of your ability. Feel free to contact management if you have any questions. The information below will be kept confidential, and will only be given to the Emergency Team during emergency situations to help minimize potential dangers.

### **✓ THE RESIDENT PROFILE**

How many people reside in this unit? \_\_\_\_\_

Do any children reside in this unit?  YES  NO

*If so, how many children reside in this unit?* \_\_\_\_\_

*If so, what are their names?* \_\_\_\_\_

\_\_\_\_\_

*If so, are they alone during the day or evening?*  YES  NO

*If so, how can the parents be reached in case of emergency?* \_\_\_\_\_

\_\_\_\_\_

*If so, do they have any food or drug allergies?* \_\_\_\_\_

Are any residents 70 years old or older?  YES  NO

*If so, how many?* \_\_\_\_\_

*If so, what are their names?* \_\_\_\_\_

\_\_\_\_\_

UNIT: \_\_\_\_\_

*If so, are they alone during the day or evening?*

YES

NO

*If so, how can the emergency contact or care giver be reached in case of an emergency?* \_\_\_\_\_

\_\_\_\_\_

*If so, do they have any food or drug allergies?* \_\_\_\_\_

Do any disabled people reside in this unit?

YES

NO

*If so, how many disabled people reside in this unit?* \_\_\_\_\_

*If so, what are their names?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If so, please describe the extent of this disability?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If so, do you have an assistive animal?*

YES

NO

*If so, how can the emergency contact or care giver be reached in case of an emergency?* \_\_\_\_\_

\_\_\_\_\_

*If so, do they have any food or drug allergies?* \_\_\_\_\_

*Would you like to volunteer for the Safety Committee Emergency Team?*

YES

NO

Volunteer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Phone#: \_\_\_\_\_