

_____ Association

Unit Questionnaire

This information will allow us to ensure we have the most updated information to contact you for association related communications and emergencies. Failure to provide accurate and complete info may result in hearings and fines.

Owner(s) Name(s): _____

Unit #: _____ Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

List all residents

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Cell/Home Number: _____

Cell #2 Number: _____

Work/Other Number: _____ Can be called in an emergency?
Yes/NO

E-Mail Address: _____ *(Please provide email for updates in real time)*

Emergency Contact Name: _____

Emergency Contact Number: _____

Do they have a key to your unit? _____

Tenant Information *(Please provide copy of current lease, failure to provide may result in fine hearings)*

Lease Start Date: _____ Lease End Date: _____

Tenant Name: _____

Tenant Phone Number: _____ Tenant Email: _____

List all Tenants

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Vehicle Information

Car Model _____ Color _____ License _____ State _____

Car Model _____ Color _____ License _____ State _____

Car Model _____ Color _____ License _____ State _____

Pet Information

Provided if pets are allowed on property. This does not authorize pets if not allowed. Service animals require documentation.

Dog Name _____ Type of Dog _____ Rabies Shot Date _____

Registration # _____

Dog Name _____ Type of Dog _____ Rabies Shot Date _____

Registration # _____