

GREENWICH ASSOCIATION - OCCUPANT INFORMATION

All residents MUST submit this form regardless of any similar forms submitted in the past. It will update the Association's files and confirm your right to live in the community. Please fill out and sign this form, returning it to the office (through the door slot) or email it scanned to GreenwichManager@outlook.com. Thanks!

Apt. No: _____ **Date:** _____

HOMEOWNER NAME #1: _____
MAILING ADDRESS: _____
PHONE: HOME # () _____ WORK # () _____
CELL # () _____ EMAIL: _____

HOMEOWNER NAME #2: _____
MAILING ADDRESS: _____
PHONE: HOME # () _____ WORK # () _____
CELL # () _____ EMAIL: _____

RESIDENT(S) IF OTHER THAN HOMEOWNERS

TENANT NAME #1: _____
PHONE: CELL # () _____ WORK # () _____
EMAIL: _____

TENANT NAME #2: _____
PHONE: CELL # () _____ WORK # () _____
EMAIL: _____

CHILDREN RESIDENTS:

NAME: _____ SEX _____ AGE: _____
NAME: _____ SEX _____ AGE: _____

OTHER RESIDENTS:

NAME: _____ SEX _____ AGE: _____ RELA.: _____
NAME: _____ SEX _____ AGE: _____ RELA.: _____

VEHICLE INFORMATION *(*Unregistered vehicles are subject to fines and removal. Please provide copy of registration and insurance for each vehicle.)*

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____
TAG #: _____ STATE: _____ DECAL# _____ **Parking Space #** _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____
TAG #: _____ STATE: _____ DECAL# _____ **Parking Space #** _____

DOMESTIC PET INFORMATION *(*Pets must be registered in accordance with the Association's rules.)*

____ Dog ____ Cat PET NAME: _____ BREED: _____
COLOR: _____ AGE: _____ CURRENT WEIGHT _____

____ Dog ____ Cat PET NAME: _____ BREED: _____
COLOR: _____ AGE: _____ CURRENT WEIGHT _____

FOBS. I have ____ # of FOBs in my possession, with the following serial numbers: _____

EMERGENCY CONTACTS

1. NAME: _____ TEL. _____ EMAIL: _____
2. NAME: _____ TEL. _____ EMAIL: _____

PERSON FILLING OUT THIS FORM

SIGNATURE: _____

PRINT NAME: _____