

UNIT: _____

❖ **OWNER INFORMATION**

Entryphone# _____ Parking Stall #: _____ Locker: 1ST FL 2ND 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 (2nd 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: _____

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✓ 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.

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#: _____