

Canterbury Place

OWNER REGISTRATION FORM

UNIT#: _____ MOVE IN DATE: _____ OWNER OCCUPIED RENTAL UNIT

*** PRIMARY:**

FIRST NAME: _____ M.I. _____ LAST NAME: _____
UNIT PHONE#: (_____) _____ - _____ CELL PHONE#: (_____) _____ - _____
MAILING ADDRESS: _____
EMAIL: _____

*** SPOUSE:**

FIRST NAME: _____ M.I. _____ LAST NAME: _____
CELL PHONE#: (_____) _____ - _____ EMAIL: _____

*** ADDITIONAL RESIDENTS:**

Name: _____ Relationship: _____
Cell #: _____ Email: _____
Age if child under the age of 18 _____

Name: _____ Relationship: _____
Cell #: _____ Email: _____
Age if child under the age of 18 _____

Name: _____ Relationship: _____
Cell #: _____ Email: _____
Age if child under the age of 18 _____

**** VEHICLE:**

Stall#: _____
Make: _____ Model: _____ Color: _____ Year: _____
License Plate#: _____ Sticker#: _____

Stall#: _____
Make: _____ Model: _____ Color: _____ Year: _____
License Plate#: _____ Sticker#: _____

SECURITY FOB KEY#: _____

OCCUPANT REQUIRING SPECIAL EMERGENCY ASSISTANCES: YES NO

Name: _____ Condition: _____

EMERGENCY CONTACT: _____ Phone #: _____


Relationship: _____

This emergency contact will be good for all residents listed above.

OTHERS AUTHORIZED TO ENTER UNIT:

AGENT / Others (NAME & RELATIONSHIP)

<p>** AGENT -</p> <p>Name: _____ Company: _____</p> <p>Cell #: _____ Email: _____</p>
<p>Name: _____ Relationship: _____</p> <p>Cell #: _____ Email: _____</p> <p>Age if child under the age of 18 _____</p>
<p>Name: _____ Relationship: _____</p> <p>Cell #: _____ Email: _____</p> <p>Age if child under the age of 18 _____</p>
<p>Name: _____ Relationship: _____</p> <p>Cell #: _____ Email: _____</p> <p>Age if child under the age of 18 _____</p>
<p>Name: _____ Relationship: _____</p> <p>Cell #: _____ Email: _____</p> <p>Age if child under the age of 18 _____</p>
<p>Name: _____ Relationship: _____</p> <p>Cell #: _____ Email: _____</p> <p>Age if child under the age of 18 _____</p>

 **ANIMALS** Name _____ Type/Breed _____

Please fill out the animal registration form.

I am in receipt of and agree abide by the Association House Rule: Initial / _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO THE OFFICE FOR PERMANENT FILING.
ALL DATA CHANGE REQUIRE THAT IMMEDIATE WRITTEN NOTIFICATION BE SUBMITTED TO THE OFFICE.