

Four Oaks Condo Association | Owner/Resident Information

Please complete and return this form to the condo management office for their records
~ Print clearly ~ Thank you!

Unit Owner Name: _____

Unit Address: _____

Telephone Number: (____) _____ E-Mail Address: _____

Tenants Only – Must attach copy of Lease Agreement

Tenants Name(s): _____ Phone: (____) _____

E-mail: _____ Alt Phone: (____) _____

Term of Lease-Start: _____ Expiration date: _____

Please name all adults residing in the unit (over 18 years of age):

Please name all children residing in the unit and their age (as of the above date):

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

Pets: cat(s) and/or dog(s) kept in unit:

<u>Name</u>	<u>Age</u>	<u>Breed – Description – Color</u>
(Cat – Dog) _____	_____	_____
(Cat – Dog) _____	_____	_____

List ALL VEHICLES for ALL RESIDENTS of this unit that may be parked on Association property, including make, model color, license plate number and state of registration:

<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>License Plate #</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List emergency daytime telephone numbers (Optional, but VERY IMPORTANT):

<u>Name</u>	<u>Phone Number</u>
_____	(____) _____
_____	(____) _____