

New Resident/Owner Survey

* = Required Fields

UNIT ADDRESS:

Unit Number* _____ Unit Street* _____

Unit City* _____ Unit State* _____ Unit Zip Code* _____

REGISTERED UNIT OWNER(S):

This name(s) will appear on all official documents and billing information.

Names(s)* _____

Mailing Address* _____

RESIDENT(S) INFORMATION:

Please list everyone that lives in the unit(s) for as least two (2) months in any given year.

Resident #1

Male/Female*

Male Female

First Name* _____ Last Name* _____ Middle Initial _____

Date of Birth* _____

Resident #2

Male/Female

Male Female

First Name _____ Last Name _____ Middle Initial _____

Date of Birth _____

VEHICLES:

Vehicle #1

Make _____ Model _____ Color _____ Year _____

License Plate Number _____

Vehicle #2

Make _____ Model _____ Color _____ Year _____

License Plate Number _____

(continued)

Please list any additional information in the section below.

CONTACT INFORMATION:

Your Name* _____

Home Phone _____

Cell Phone 1 _____ Cell Phone 1 - Text Capable Yes No

Cell Phone 2 _____ Cell Phone 2 - Text Capable Yes No

Fax _____ Email 1* _____

Please check this box if you would like this email used for official association business including but not limited to notices and online payments.

Email 2 _____

Preferred Method of Non-Emergency Contact* _____

Preferred Method of Emergency Contact* _____

EMERGENCY CONTACT PERSON(S):

Name* _____ Phone* _____

PETS

Please list any pets that live in the home. Include general information and description.

Please list any other information that could be useful for your Community Association, the Board, or SOMAK Property Management below.

Remember, if no survey is received we will assume you own no cars or pets, risking an unnecessary towing of your vehicle, or considering a loose animal a stray.