

Owner/Resident Registration Form

* = Required Fields

UNIT ADDRESS:

Unit Number* _____ Unit Street* _____

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

REGISTERED UNIT OWNER(S):

Homeowner #1 Name* _____

Email* _____ Phone* _____

Homeowner #2 Name* _____

Email* _____ Phone* _____

Homeowner mailing address* _____

Is unit rented? Yes No

OCCUPANT INFORMATION:

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

Resident #1 Name* _____ Date of Birth* _____

Phone* _____ Email* _____

Renter? Yes No

Resident #2 Name* _____ Date of Birth* _____

Phone* _____ Email* _____

Renter? Yes No

Resident #3 Name* _____ Date of Birth* _____

Phone* _____ Email* _____

Renter? Yes No

Resident #4 Name* _____ Date of Birth* _____

Phone* _____ Email* _____

Renter? Yes No

(continued)

In Case of Emergency, contact:

Name* _____ Relationship* _____
Address* _____ Phone* _____

PETS:

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

Pet's Name _____ Type/Breed _____ Weight (lbs) _____ Age _____
Pet's Name _____ Type/Breed _____ Weight (lbs) _____ Age _____
Pet's Name _____ Type/Breed _____ Weight (lbs) _____ Age _____

VEHICLES:

Make _____ Model _____ Color _____
License Plate Number _____ Year _____
Make _____ Model _____ Color _____
License Plate Number _____ Year _____
Make _____ Model _____ Color _____
License Plate Number _____ Year _____
Make _____ Model _____ Color _____
License Plate Number _____ Year _____

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.

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