

Resident Contact Information

UNIT: _____

NAME: _____

PHONE: _____

EMAIL: _____

NAME: _____

PHONE: _____

EMAIL: _____

NAME: _____

PHONE: _____

EMAIL: _____

VEHICLE ID FORM

APARTMENT NAME: _____

TENANT NAME: _____

UNIT #: _____

MAKE OF VEHICLE: _____

MODEL: _____

COLOR: _____

YEAR: _____

LICENSE PLATE #: _____

Please instruct your visitors and family to use the visitor parking areas. If you are found to be in violation of the issue, you will be issued a violation letter. Please refrain from parking in handicap parking or another tenant's parking spot. Illegal vehicles will be towed from handicap spaces with no notification; and all other illegal parking will be towed at owner's expense.

If you purchase a different vehicle during the year, please let us know so that we can update your file.

Receipt of Items

I, _____, resident of unit: _____ have received the following items:

1 key to main unit doors

1 bedroom key

1 mailbox key

1 electric gate remote

By signing this form, I confirm that I have received each of the items listed above and understand that if I fail to return any of these items when I move out, I will be charged for them.

Resident Signature

Date