

STRATFORD CONDOMINIUM RESIDENT INFORMATION FORM

OWNER NAME(S): _____ Parking Space No. _____

ADDRESS: _____ Owner Occupied Rental Unit

RESIDENCE PHONE: _____

I. NAME OF RESIDENTS: WORK PHONE PAGER OR CELL PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____

II. AUTOMOBILES (Make/Model): License Number *:

_____	_____
_____	_____
_____	_____

* If your vehicle has out of state tags or a county sticker other than PW County, please explain on back.

III. OWNER/LANDLORD. *Please fill in the information and provide a copy of the lease for tenants.*

NAME: _____ PHONE NOS.:

ADDRESS: _____ Home: _____

_____ Work: _____

PHONE #'s: Home _____ Work _____ Cell/Pager No. _____

IV. PETS: _____ Dogs: _____ Cats: _____

Number & Description: _____

V. EMERGENCY: Name and Phone Nos. of a person to contact in case of emergency:

Name: _____

VI. CERTIFICATION. I am an owner or managing agent of the unit identified above. I certify that the information listed is accurate and the residents listed are full-time residents of the unit.

SIGNATURE: _____ DATE: _____