

WARREN PARKWAY CONDOMINIUM PHASE I OWNERS' ASSOCIATION, INC.



OWNER/TENANT FORM

OWNER INFORMATION:

OWNER: _____ DATE: _____

UNIT ADDRESS: _____

BILLING ADDRESS: _____
(If Different from Unit Address)

OTHER OCCUPANTS: _____

HOME #: _____ WORK #: _____ CELLULAR #: _____

EMAIL ADDRESS: _____

PET(S) 1.) TYPE: _____ BREED: _____ Color: _____

2.) TYPE: _____ BREED: _____ Color: _____

VEHICLES: 1.) Make, Model & Color: _____ License #: _____

2.) Make, Model & Color: _____ License #: _____

TENANT INFORMATION:

NAME: _____

OCCUPANCY DATE: _____ LEASE EXPIRATION DATE: _____
(Please Provide Copy of Current Lease)

OTHER OCCUPANTS: _____

HOME #: _____ WORK #: _____ CELLULAR #: _____

EMAIL ADDRESS: _____

PET(S) 1.) TYPE: _____ BREED: _____ Color: _____

2.) TYPE: _____ BREED: _____ Color: _____

VEHICLES: 1.) Make, Model & Color: _____ License #: _____

2.) Make, Model & Color: _____ License #: _____