

## Resident Information Form

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

(Only if different than resident)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1st Resident Name (P): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Car Make/Model/Color and Plate State/#:

\_\_\_\_\_

2nd Resident Name (A): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Car Make/Model/Color and Plate State/#:

\_\_\_\_\_

Can we include your phone/email in the Resident's Directory (Y/N)?: \_\_\_\_\_

Do you have any pets?: (Yes/No) \_\_\_\_\_ Type: \_\_\_\_\_

If you own a dog, please provide evidence of the dog's height and weight to prove compliance to the VoF Code of Conduct and notice of vaccinations being up to date for the safety and security of your neighbors.

Who should we contact in case of an emergency?:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which VoF neighbor has access to your property in case of an emergency?:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you choose not to complete this form, please tell us why:

\_\_\_\_\_

\_\_\_\_\_

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