

Berkshire Ridge Condominium Association Census Registration Form *(Print Clearly)*

1 Unit Owner Information:



Name(s): _____

Building # _____ Unit # _____ Resident _____ () Non-Resident _____ ()

Unit Address: _____

Home Phone: (____) _____ Work/Day Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Non-Resident Owner's Mailing Address: _____

Emergency Contact – Name: _____ Phone: _____

2. Tenant Information (if applicable): *

Name(s): _____

Home Phone: (____) _____ Work/Day Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Emergency Contact – Name: _____ Phone: _____

Lease Expiration Date: ___/___/___ * Please submit current signed lease with this form

3. Occupants Residing In Unit:

Print Names Of Adults (Over 18)

Print Names Of Children (Under 18)

4. Vehicle Information (including motorcycles):

| | Vehicle # 1 | Vehicle # 2 |
|-----------------|-------------|-------------|
| License Plate # | _____ | _____ |
| Year | _____ | _____ |
| Make/Model | _____ | _____ |
| Color | _____ | _____ |