

**Cedar Cove Garden Homes**

**Date:** \_\_\_\_\_

(If there are no changes, you do not need to return this form)

If you are an owner and live on-site, please fill out the top portion of this form. **If you are an owner and live off-site, please fill out the top portion of this form and have your tenants fill out the bottom portion.** Remember to include a copy of the lease with this form. This form will be kept confidential and is used by the management company and the Board of Directors for the association's records, insurance coverage, and for emergency reasons only.

Name(s) to be on Account:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (If different from below): \_\_\_\_\_

Cedar Cove Garden Homes Address: \_\_\_\_\_

Move in Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicles:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Tenant(s) Name:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Vehicles:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

**Reminder: Please included a copy of the lease, if rented.**