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per the Rules & R	Regulations with this form. Th	nis form will be ke	clude the required leasing documents as ept confidential and is only used by the sociation's records, insurance coverage,		
and for emergend	• •		socialien s receives, inserance coverage,		
Name(s) to be c	on Account:				
			, Little Canada, MN 55117		
Mailing Address	(if different from above): _				
			Zip:		
Move in Date: _					
Home Phone #:					
			Cell Phone 2:		
Email Address: _					
Name:	Place of Employment	t:			
Work Phone #:					
Name:	Place of Employment	t:			
Work Phone #:					
**Winter Address	s: (If applicable)				
City:		State:	Zip:		
	ease contact Keller when you				
<u>Vehicles:</u>					
Make	Model	Year	Plate #		
Make	Model	Year	Plate #		
Person to conta	ct in case of an emergenc	y:			
Best Phone # to reach them at:			Relation:		
	•		**-		
Tenant Name(s):			Relation:		
Lease Start Date:		Lease End D	Lease End Date:		
Home Phone #:		Daytime Pho	Daytime Phone #:		
Cell Phone 1:		Cell Phone 2	2:		
Vehicles:					

If you are an owner and live on-site, please fill out the top portion of this form. If you are an owner and

Date: ____/___

Reminder: If rented please include a copy of the lease & check the Rules & Regs for Move-in Guidelines.

Lease will NOT be required ONLY if the person living in the unit is a family member.

Make _____ Model ____ Year ____ Plate # _____

Make _____ Model ____ Year ____ Plate # ____