



INFORMATION SHEET

DATE: _____ UNIT NUMBER: _____

NAME: _____

Rent _____

Full-time Resident

Own _____

Yes _____

No _____

NAMES OF ALL RESIDENTS (if children please give ages)

_____	_____
_____	_____
_____	_____
_____	_____

PHONE NUMBERS:

Home: _____ Cell: _____

VEHICLES:

LICENSE

MAKE/MODEL

COLOR

RECREATIONAL VEHICLES

Secretary, Cathy Tepel