

Resident Information Survey

Unit# _____

Do not write above this line

PLEASE PRINT

Personal Information

Names of Occupants: Owner _____ Tenant _____ Total # of Occupants _____

_____ Home _____ Work _____ Other _____

_____ Home _____ Work _____ Other _____

_____ Home _____ Work _____ Other _____

Please list Children _____

Children Day of Birth _____

Automobile 1 Information

Parking Space/Level _____ Permit# _____ Rented / Owned (Circle one)

License Tag# _____ State _____ Make _____

Model _____ Year _____ Color _____

Automobile 2 Information

Parking Space/Level _____ Permit# _____ Rented / Owned (Circle one)

License Tag# _____ State _____ Make _____

Model _____ Year _____ Color _____

Storage Bin Information

Assigned Storage Bin _____ Room _____

Emergency Information

Person(s) in need of Assistance: _____

Address: _____

Home Tel# _____ Work Tel# _____

Disability _____ Language _____

Owner Information

Name of Owner: _____ Home# _____ Work# _____

Address: _____

Managed By: _____

Address: _____

Home Tel# _____ Work Tel# _____

Signature: _____ Date: _____