

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	_____
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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# _____

