

# 32 Masonic Street Condominiums

c/o Kendrick Property Management /PO Box 3220 Amherst, MA 01004 / 413-253-0285 / 413-253-2383 Fax

Please fill out and return to Kendrick Property Management

## RESIDENT REGISTRATION FORM / INFORMATION FACT SHEET

Unit Number \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

List All Occupant(s) \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Owner's Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Owner's Email Address \_\_\_\_\_

Monthly Invoice: Not Needed \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_

### TENANT INFORMATION [if applicable, provide a copy of the lease along with this form]

Tenant's Name(s) \_\_\_\_\_

Tenant's Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Tenants's Email Address \_\_\_\_\_

### PET INFORMATION [for owner-occupants or tenants]

Cat \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ lbs. \_\_\_\_\_

Dog\* \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ lbs. \_\_\_\_\_ Town Reg. # \_\_\_\_\_

**\*Dogs: Must provide a copy of town license, photo and rabies certificate along with this form.**

### VEHICLE INFORMATION [for owner-occupants or tenants]

1. Vehicle Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

2. Vehicle Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_