

Lemuel Blood 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 _____