

# 43 Center 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 \_\_\_\_\_

Owner's Emergency Contact Person and Telephone Number \_\_\_\_\_

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 # \_\_\_\_\_

Tenant's Email Address \_\_\_\_\_

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

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

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

**\*For all dogs: provide a copy of 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 \_\_\_\_\_