

Date Completed _____ by _____



Please completed the attached forms and *either* place in the Glenwood Place Office mailbox *or* place in the AVR box.

RESIDENT CONTACT INFORMATION

Unit No. _____

Building No. _____

Resident 1:

Name: _____

Phone Number: _____(cell) _____(home)

Email Address: _____ Contact by email: ___ yes ___ no

Resident 2:

Name: _____

Phone Number: _____(cell) _____(home)

Email Address: _____ Contact by email: ___ yes ___ no

VEHICLE REGISTRATION

Car #1 Vehicle Owner (If different than resident) _____

License Plate Number	Year/Make of Vehicle	Vehicle Color	___ Gas___ Electric
_____	_____	_____	

CAR #2 Vehicle Owner (If different than resident) _____

License Plate Number	Year/Make of Vehicle	Vehicle Color	___ Gas___ Electric
_____	_____	_____	

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KEY INFORMATION

It is recommended that you give a key to your building representative or a neighbor to be used only for emergency purposes. Please list the person below.

Name	Building #	Unit #
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Non-Resident:	Phone #
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EMERGENCY INFORMATION

Primary Contact: _____ Phone # _____

Phone # _____

Secondary Contact: _____ Phone # _____

Phone # _____

If information is different for a *second resident*, please complete the following:

Primary Contact: _____ Phone # _____

Phone # _____

Secondary Contact: _____ Phone # _____

Phone # _____