

**Springfield Park Place
2018 Census Form**

Unit Number _____ Year Purchased _____
Owner's Name _____
Co-Owner's Name _____
Telephone Number _____ Cell Number _____
Email Address _____
Emergency Call _____ Phone Number _____

Status of your unit: Occupied by owner () Leased to Tenant ()

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If you are leasing the unit, please provide the following information:

Tenant's Name _____
Tenant's Phone Number _____ No. of Occupants _____
Tenant's Email Address _____
Term of Lease From _____ To _____
Owner's Address _____
City _____ State ____ Zip Code _____

Please submit a copy of the lease to the Property Manager. _

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Pets in Unit Dogs _____ Breed/Color _____ Cats _____
Pet Vaccination Form Submitted _____ Indemnification Form Completed _____
HO6 Policy Expiration Date _____ Declaration Page Submitted _____
Alarm Registration Form Submitted _____

Number of Vehicles _____

Make _____	Model _____	Plate# _____	Upass # _____
Make _____	Model _____	Plate# _____	Upass # _____
Make _____	Model _____	Plate# _____	Upass # _____
Make _____	Model _____	Plate# _____	Upass # _____

Pool Pass Registration

Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____