

**Springfield Park Place  
2025 CENSUS FORM**

Unit Number: \_\_\_\_\_ Year Purchased: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ EC Phone Number: \_\_\_\_\_  
Status of your unit:      Occupied by owner:                       Leased to Tenant:

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

Tenant's Name: \_\_\_\_\_  
Tenant's Phone Number: \_\_\_\_\_  
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*

**Number of Pets in Unit:**

- Dogs \_\_\_\_\_ Breed/Color \_\_\_\_\_
- Cats \_\_\_\_\_ Breed/Color \_\_\_\_\_

*Please Submit a copy of your Pet Vaccination Form and Declaration page to the Property Manager*

HO6 Policy Expiration Date: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_ Upass #: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_ Upass #: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_ Upass #: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_ Upass #: \_\_\_\_\_

**Pool Pass Registration**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign here if no changes were made since filling out the last Census: \_\_\_\_\_