

Springfield Park Place 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 your 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 _____ Cats _____ Breed/ Color _____ Weight _____

Pet Vaccination Form Submitted _____

HO6 Policy Expiration Date _____ Declaration Page Submitted _____

Number of Vehicles _____

Make _____ Model _____ License Plate# _____ U-Pass# _____

Make _____ Model _____ License Plate# _____ U-Pass# _____

Make _____ Model _____ License Plate# _____ U-Pass# _____

Make _____ Model _____ License Plate# _____ U-Pass# _____