

Willows Springs Resident/Owner Information Form

1. Unit#: _____ 2. Date: _____ / _____, 20____
Mo Day Year

3. Total # of Occupants: _____

4. Resident Status: Owner Tenant

5. Resident's First Name _____ Last Name _____

Mobil Phone# _____ Home Tel# _____

Email: _____

6. Additional occupants residing in the unit:

First Name	Last Name	Relation to Resident	Mobil Phone#

7. **Emergency** Contact Person (not residing with you).

First Name _____ Last Name _____ Phone# _____

8. Resident(s) is required to submit the following information on his/her automobile:

Year	Make/Model	Color	License Plate #	Stick#/ Issued day
				# /
				# /

9. Own Pet(s): Yes No (if Yes, you need to fill out a separate form to obtain a Pet Tag)

10. Resident's Landlord or their Agent: (if resident is owner, you may leave this item blank)

First Name _____ Last Name _____

Mobil Phone# _____ Home Tel# _____

Email Address _____