

THE PINES CONDOMINIUM ASSOCIATION, INC.

1. OWNER INFORMATION: Is the unit owner residing in the unit? YES NO Unit # _____

Owner's Name _____ Spouse _____

Owner's Driver's Lic. # _____
& State _____ Spouse's D.L. & State _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

II. RESIDENT/TENANT INFORMATION

Resident: # 1
Name _____ Age _____

Resident: # 2
Name _____ Age _____

Resident: # 3
Name _____ Age _____

Resident: #4
Name _____ Age _____

III. EMERGENCY CONTRACT: (REQUIRED)

Name _____

Address _____

Day Time Phone _____ Night Phone _____

IV. VEHICLE INFORMATION FOR RESIDENTS OF THIS UNIT:

Make _____	Model _____	Vehicle License# _____	Parking Sticker # _____
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Make _____	Model _____	Vehicle License# _____	Parking Sticker # _____
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Make _____	Model _____	Vehicle License# _____	Parking Sticker # _____
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DATE _____ SIGNATURE _____

**PLEASE RETURN TO THE OFFICE AS SOON AS POSSIBLE.
ANY HOME OWNER LEASING HIS/HER UNIT IS REQUESTED TO FILE A COPY OF THE LEASE
AGREEMENT WITH THE MANAGEMENT COMPANY AND THE ON-SITE MANAGEMENT OFFICE.**