

**COLONIAL HOUSE ASSOCIATION  
OWNER REGISTRATION**

OWNER(S): \_\_\_\_\_ UNIT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** In the event of an emergency in or involving your unit, whom can we contact.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

DOES ANYONE IN THE UNIT REQUIRE ASSISTANCE IN AN EMERGENCY, FOR EXAMPLE, SOMEONE WITH MOBILITY ISSUES? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE THERE ANY PETS IN THE UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO

TYPE OF PET: \_\_\_\_\_ NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

IS YOUR UNIT CURRENTLY, OR DO YOU PLAN TO, LEASE YOUR UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please complete the Emergency Resident List Form. This must be completed with each new lease.

**VEHICLE INFORMATION:** Please note, each vehicle must have a Colonial House Parking Permit.

<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____
Tag #: _____	Tag #: _____	Tag #: _____

**This information will be kept confidential and used for Association records only.**