



**RESIDENT INFORMATION FORM**

**Within thirty (30) days of assuming residency in \_\_\_\_\_ residents shall submit contact information to the Management Company for all occupants and/or tenants. Unit Owners are responsible for updating any and all information as it occurs or when requested to do so by the Management Company.**

Date Completed: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Check one: Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_

**OWNER INFORMATION**

Owner's Name(s): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Seasonal Address (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**AUTOMOBILES**

Make: \_\_\_\_\_ Model \_\_\_\_\_ License Number \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ License Number \_\_\_\_\_

Additional Vehicles (Please describe): \_\_\_\_\_

**PETS** (Number, breed, size, color, weight): \_\_\_\_\_



**RESIDENT INFORMATION FORM**

**TENANT INFORMATION**

Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Term of Lease: Start \_\_\_\_\_ End: \_\_\_\_\_

**AUTOMOBILES**

Make: \_\_\_\_\_ Model \_\_\_\_\_ License Number \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ License Number \_\_\_\_\_

Additional Vehicles (Please describe): \_\_\_\_\_

**PETS** (Number, breed, size, color, weight): \_\_\_\_\_

Please return this form to: Palmer Property Management Company  
3190 Whitney Avenue, Bldg. 4,  
Hamden, CT 06518  
Phone: (203) 288-8448  
Fax: (203) 288-9964  
Email: [jpetrillo@palmerproperty.net](mailto:jpetrillo@palmerproperty.net)