

The Orchard at Cold Spring Commons

c/o Kendrick Property Management /PO Box 3220 Amherst, MA 01004 / P: 413-253-0285 / F: 413-253-2383

Please fill out and return to Kendrick Property Management

RESIDENT REGISTRATION FORM / INFORMATION FACT SHEET

Unit Number _____

Owner's Name(s) _____

List All Occupant(s) _____

Owner's Mailing Address _____

Owner's Home Phone _____ Work # _____ Mobile # _____

Owner's Email Address _____

Owner's Emergency Contact Person and Telephone Number _____

Monthly Invoice: Not Needed _____ Mail _____ Email _____

PET INFORMATION

Cat _____ Breed _____ Color _____ lbs. _____

Dog* _____ Breed _____ Color _____ lbs. _____ Town Reg. # _____

***For all dogs: provide a copy of license and rabies certificate along with this form**

VEHICLE INFORMATION

1. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____

2. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____