

Coachlight Condominium

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

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 _____

TENANT INFORMATION [if applicable, provide a copy of the lease along with this form]

Tenant's Name(s) _____

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

Tenants's Email Address _____

PET INFORMATION [for owner-occupants or tenants]

Cat _____ Breed _____ Color _____ lbs. _____

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

***Dogs are not allowed at the Condominium unless they are Service Animals. Please review Rules and Regulations. Copies of license and rabies certificate, as well as documentation of necessity must be provided.**

VEHICLE INFORMATION [for owner-occupants or tenants]

1. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____

2. Vehicle Model _____ Make _____ Year _____

Color _____ Plate # _____ State _____