



Please completed the attached two-sided form and place in the
Glenwood Place Office Drop Box

RESIDENT CONTACT INFORMATION

Unit No. _____

Building No. _____

Resident 1:

Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____ Contact by email: yes ____ no ____

Resident 2:

Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____ Contact by email: yes ____ no ____

VEHICLE REGISTRATION

Resident Car #1

Vehicle Owner: _____

License Plate Number	Year/Make of Vehicle	Vehicle Color	_____ Gas ____ Electric
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Resident Car #2

Vehicle Owner: (If different than resident) _____

License Plate Number	Year/Make of Vehicle	Vehicle Color	_____ Gas ____ Electric
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KEY INFORMATION

It is recommended that you give a key to your building representative or a neighbor to be used only for emergency purposes. Please list the person below.

Name	Building #	Unit #
_____	_____	_____
_____	_____	_____

Non-Resident:

_____	Phone: _____
_____	Phone: _____

EMERGENCY INFORMATION

Primary Contact: _____

Cell Phone: _____ Home Phone: _____

Secondary Contact: _____

Cell Phone: _____ Home Phone: _____

Resident 2:

Primary Contact: _____

Cell Phone: _____ Home Phone: _____

Secondary Contact: _____

Cell Phone: _____ Home Phone: _____