



Please completed this *two-sided* form. You can either email or place in the Glenwood Place Office Drop Box located next to the mailboxes.

RESIDENT CONTACT INFORMATION

Unit #: _____ Building #: _____ Mailbox key #: _____

Number of Pets: _____ none _____ one _____ two

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 1 Vehicle Owner: _____

License Plate Number	Year <i>and</i> Make of Vehicle	Vehicle Color	Gas	Electric

Resident 2 Vehicle Owner: _____

License Plate Number	Year <i>and</i> Make of Vehicle	Vehicle Color	Gas	Electric

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.

Resident Name

Building #

Unit #

Non-Resident Name

Phone #

EMERGENCY INFORMATION

Resident 1 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: _____