

# Port Warren Condominium Association Owner/Tenant & Vehicle Registration

Owner Name \_\_\_\_\_ Unit/Slip# \_\_\_\_\_

Owner Address \_\_\_\_\_

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

Owner Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Owner Email Address \_\_\_\_\_

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## IF UNIT IS RENTED, THE TENANT INFORMATION MUST BE COMPLETED

Tenant Name \_\_\_\_\_

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

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

Tenant Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Tenant Email \_\_\_\_\_

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YEAR, MAKE, MODEL	STATE & LICENSE PLATE NO.	COLOR OF VEHICLE
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The Residents of this property have been advised that they are living in a Condominium Association and have been provided with copies of the Declarations, By-Laws and Good Neighbor Policy Rules. The owners of this property are confirming that a background check has been performed on their tenant if a rental and that the tenant agrees to abide by the above documents by signing this form.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_