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_____

If UNIT IS RENTED, THE TENANT INFORMATION MUST BE COMPLETED

Tenant Name_____

Unit Address_____

City_____ State_____ Zip_____

Tenant Home Phone_____ Work_____ Cell_____

Tenant Email_____

YEAR, MAKE, MODEL	STATE & LICENSE PLATE NO.	COLOR OF VEHICLE
YEAR, MAKE, MODEL	STATE & LICENSE PLATE NO.	COLOR OF VEHICLE
YEAR, MAKE, MODEL	STATE & LICENSE PLATE NO.	COLOR OF VEHICLE

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_____