

CAMELOT RESIDENCE'S ASSN, INC.

RESIDENT INFORMATION FORM

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Fax to 321-574-4155 or mail to PO Box 248, Titusville, FL 32780.

1. NAME (S) of OWNERS: _____

2. UNIT # _____ 3. Address for Receiving Mail: _____

City: _____ State: _____ Zip: _____

4. Telephone Numbers:

Main: () _____ Other: () _____

Work #: _____ Company Name: _____

5. E-Mail Address: _____ [] Check if "None"

6. Please check one of the following:

Full Time Resident _____

Rental Only _____

Part Time Resident _____

Both Residential & Rental: _____

7. Emergency Contact: _____ Phone: _____ Relation: _____

8. Rental Information: **Handled by Owner?** YES _____ NO _____

9. IF NO, please provide name & phone number of agent or person handling rental:

Name: _____ Phone: _____

10. Tenant's Name: _____ Phone: _____

11. Number of Persons in Unit: _____ Lease Terms (dates): _____

Name of others in unit: _____

12. Please attach a copy of the lease and make sure tenant understands where to park and has copy of rules and regulations.

13. VEHICLE REGISTRATION: ****all vehicles must have a current registration & sticker**

Year	Make	Model	Color	Tag#	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date form filled out: _____