



Resident Information Form

Please complete all information requested and return to us as soon as possible. (Please Print)

Community _____ Date ____ / ____ / ____

Choose one: **homeowner** _____ (seasonal / full time) or **tenant** (term ____ / ____ / ____ to ____ / ____ / ____)

Last Name: _____ First Name: _____

Property Address: _____ Unit # _____

Property Phone # _____ Work/ Cell # _____

Alternate Mailing Address: _____ Email Address _____

Street: _____ City/State _____

Alternate Phone # _____ Work/ Cell # _____

Initial one: I want my quarterly invoices sent to my local _____ / my alternate mailing address _____

Personal Information: List all persons residing at property address.

Name: _____ Age _____ Relationship _____

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Emergency Contact: Please list an individual who would know your whereabouts should there be an emergency.

Name: _____ Phone # _____ Relationship _____

Resident Key: It is highly recommended that you leave your key with someone you trust for emergency purposes.

Name: _____ Phone # _____ Relationship _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

License Plate number: _____ State: _____

Year: _____ Make: _____ Model: _____

License Plate number: _____ State: _____

Please return to:

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www.omni-property.com

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