

# THE VILLAGES AT CINNAMINSON HARBOUR

## CENSUS & EMERGENCY INFORMATION FORM

### I. OWNER INFORMATION

Owner Name(s): \_\_\_\_\_

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

Mailing Address (if other than unit): \_\_\_\_\_

Phones - Land: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail - Personal: \_\_\_\_\_ Other: \_\_\_\_\_

**Homeowner Insurance: A copy of the Declarations page of your current insurance policy must be attached.**

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Carrier	Policy Number	Agent's Name	Agent's Phone Number
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### II. PRIMARY RESIDENT INFORMATION

Is the primary resident an **Owner**, **Family Member**, or **Tenant**? (Circle one)

Primary Resident's name: \_\_\_\_\_

If a member of owner's family, enter relationship: \_\_\_\_\_

Phones - Land: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-Mail - Personal: \_\_\_\_\_ Other: \_\_\_\_\_

Renter's Insurance: Please complete the following if you carry this insurance:

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Carrier	Policy Number	Agent's Name	Agent's Phone Number
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If primary resident is a **TENANT**:

submit a copy of the **Current Lease/Addendum** with this form.

### ADDITIONAL RESIDENT CONTACT INFORMATION

List all additional residents:

Name	Cell #	Email
1)		
2)		
3)		
4)		

**III. ALL RESIDENT VEHICLES:**

Owner Name	Make	Model	Color	Plate #	State

**IV. EMERGENCY INFORMATION**

Would you **require assistance** exiting the building during an emergency? (Circle) YES or NO

**Emergency Contacts:** Please provide TWO (2) names and phone numbers:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**V. PETS**

Do you have a pet or pets on the premises? (Circle) YES or NO. If yes, complete the rest of this section.

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight (approx.): \_\_\_\_\_ Height (approx): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**VI. SIGNATURE(S) OF OWNER(S) or PRIMARY RESIDENT(S):**

**Owner/Resident 1:** \_\_\_\_\_ Date \_\_\_\_\_

**Owner/Resident 2:** \_\_\_\_\_ Date \_\_\_\_\_