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RESIDENT INFORMATION FORM

In the past, we have experienced emergency situations where telephone numbers and contact references have become critical. THIS INFORMATION IS REQUIRED FOR OUR RECORDS. THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THE FORM.

ASSOCIATION: \_\_\_\_\_

PROPERTY ADDRESS CITY STATE ZIP CA

THE PROPERTY ADDRESS IS YOUR: [ ] PRIMARY RESIDENCE [ ] SECONDARY RESIDENCE [ ] RENTAL PROPERTY

NOTE: IF PROPERTY IS IN A GATED ASSOCIATION, PLEASE CONTACT MANAGEMENT TO BE INCLUDED IN THE GATE DIRECTORY.

OWNER 1 Name [ ] CELL# [ ] HOME# [ ] WORK# [ ] CELL# [ ] HOME# [ ] WORK#

OWNER 2 Name [ ] CELL# [ ] HOME# [ ] WORK# [ ] CELL# [ ] HOME# [ ] WORK#

OWNER MAILING ADDRESS CITY STATE ZIP

COMMUNICATION PREFERENCES: [ ] OFFICIAL NOTICE BY EMAIL IS ACCEPTED (Email) [ ] PLEASE DO NOT SEND AN EMAIL (Signature)

TENANT NAME(S) [ ] CELL# [ ] HOME# [ ] WORK# Email

[ ] THIS PROPERTY IS PROFESSIONALLY MANAGED. PLEASE SEND ASSOCIATION-RELATED CORRESPONDENCE TO:

COMPANY/AGENT NAME Address Phone Email

[ ] COPY OF LEASE AGREEMENT IS ATTACHED TO THIS FORM [ ] COPY OF RULES HAS BEEN PROVIDED TO TENANT(S)

VEHICLE AT THE PROPERTY

- 1. MAKE/MODEL: YR: COLOR: LICENSE:
2. MAKE/MODEL: YR: COLOR: LICENSE:
3. MAKE/MODEL: YR: COLOR: LICENSE:
4. MAKE/MODEL: YR: COLOR: LICENSE:
5. MAKE/MODEL: YR: COLOR: LICENSE:

OTHER RESIDENTS LIVING AT PROPERTY

- 1. NAME: RELATIONSHIP:
2. NAME: RELATIONSHIP:
3. NAME: RELATIONSHIP:

EMERGENCY CONTACT FOR RESIDENTS

NAME: RELATIONSHIP: PHONE:

PET / ANIMAL INFORMATION

TYPE/BREED: NAME: SIZE/WEIGHT COLOR:
TYPE/BREED: NAME: SIZE/WEIGHT COLOR: