

RIVERWALK VISTA

CONFIDENTIAL RESIDENT INFORMATION

Please complete and return the following information.

PROPERTY OWNER'S NAME:

LAST

FIRST

PROPERTY OWNER'S NAME:

LAST

FIRST

E-mail _____

PROPERTY ADDRESS:

OWNER'S TELEPHONE #'S (____) _____ (____) _____
HOME BUSINESS

OFF-SITE ADDRESS:

(if applicable)

If you are leasing/renting your unit, please list the names of all tenants, and include the phone numbers where they can be reached.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Home Phone # (____) _____ Work Phone # (____) _____

Please provide resident's vehicle information (for the people who live in the unit:

YEAR

MAKE & MODEL

VEHICLE LICENSE #

IS PROPERTY (**check one**): [] OWNER-OCCUPIED

[] LEASED TO A TENANT

OWNER'S SIGNATURE: _____ DATE: _____

Check One:

[] UPDATE INFORMATION

[] NEW OWNER INFORMATION