

VERONAWALK HOMEOWNERS ASSOCIATION
TOWN MANAGER'S OFFICE (ph: 774-0026 / fax: 430-0022)
 (rev. 2/25/08)

DATE: _____

OWNER(s): _____ CLOSED: _____

PROPERTY ADDRESS: _____ Lot# _____

House phone: _____ Cell/Name: _____

Cell/Name: _____ Work/Name: _____

RENTAL INFORMATION - LEASE TERM: From _____ To _____

PRIMARY TENANTS(s): _____

(RENEWAL): From _____ To _____

House phone: _____ Cell/Name: _____

Cell/Name: _____ Work/Name: _____

Additional Occupants: (Single Family Residence Rule)

Children

Last name: _____ First name: _____ Age: _____

Last name: _____ First name: _____ Age: _____

Last name: _____ First name: _____ Age: _____

Alternate address: _____

Street

City State Zip

Alternate phone: _____

Emergency contact: _____

Name

phone#

Permanent guests:	1. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____
	7. _____	8. _____
	9. _____	10. _____

Vehicle: _____
 License # Year Color Make Model bar code #

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 License # Year Color Make Model bar code #

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 License # Year Color Make Model bar code #

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 License # Year Color Make Model bar code #