The GARDENS Of Kendall SOUTH

Occupant Information Sheet

Unit Address: _____

Parking Space: _____

Current Resident (s):

☐ *Owner*   ☐ *Tenant*

1) Names: _____

    a. E-mail: _____

    b. Phone #
       Home: ( ) _____   Cell: ( )_____

2) Names: _____

    a. E-mail: _____

    b. Phone:
    c. Home : ( ) _____   Cell: ( ) _____

Children:

Name: _____ Age: _____ Male/Female

Name: _____ Age: _____ Male/Female

Name: _____ Age: _____ Male/Female

Other Family:

Name: _____ Age: _____ Rel: _____

Name: _____ Age: _____ Rel: _____

Vehicles:

1. Make: _____ Model: _____

    Tag: _____ State: _____ Color: _____

    Year: _____

2. Make: _____ Model: _____

    Tag: _____ State: _____ Color: _____

    Year: _____

Pets:

Breed: _____ Color: _____ Weight: _____

Signature: _____

Print Name: _____   *Date: _____*

●●

In case of flood, fire or policy emergency, who should we call? (Should be someone with a key)

Name: _____ Relation: _____

Phone: Home # _____ Work # _____ Ext. _____

Cell # _____