

REGISTRATION FORM/DIRECTORY FORM

Please take a moment to update your information. Thank you for your cooperation.

Unit Owner's Name _____

Unit Address _____

Unit Owner Phone Numbers:

Home: _____ Work: _____ Cell: _____

Email Address _____ **IMPORTANT**

Number of pets _____ Cats _____ Dogs _____

Cars Make/Model License Plate #

- 1.
- 2.
- 3.

I am an absentee owner: *Please fill in Tenant information*

My home address _____ Phone: _____

My tenant's name: _____ Phone: _____

Signature of unit owner: _____

In the event of an emergency, please list those persons we may contact or who may have a key for your home:

Primary _____ Phone # _____

Alternate _____ Phone # _____

Please mail to:
Corner Property Management
P.O. Box 297
Springfield, NJ 07081
Or fax to: 973-232-5117
Or email to: bookkeeper@cp-management.com

Signature: _____

Committee Interest: _____