

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

Signature: _____

Committee Interest: _____